



Bank Number: _____

Social Security No.: _____

ACCOUNT HOLDER INFORMATION

Type of IRA:

- Traditional IRA
- Roth

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Legal Address (if different from above)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____

DOCUMENTARY EVIDENCE

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that sufficiently identifies each customer.

Please provide the necessary information for **ONE** form of identification below:

- Driver's License
- State ID ID Number: _____
- Passport Expiration Date: _____
- Resident Alien Card State or Country of Issuance: _____
- Military ID Date of Issuance: _____
- Alien Identification Card

SIGNATURES

Important: Please read before signing.

I hereby adopt the Retirement Plan referenced above and appoint KeyBank as Custodian. I certify that I have received a copy of the applicable KeyBank IRA Custodial Plan Agreement and any accompanying disclosures. I understand that the terms and conditions that apply to this IRA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions.

I assume complete responsibility for:

- 1) Determining that I am eligible for an IRA each year I make a contribution.
- 2) Ensuring that all contributions I make are within the limits set forth by the tax laws.
- 3) The tax consequences of any contribution (including rollover contributions) and distributions.

I also certify under the penalties of perjury that the Taxpayer Identification Number proved above is true, correct and complete.

Account Holder Signature

Date:

ACCEPTANCE BY KEYBANK

The plan shall be deemed to have been accepted by KeyBank upon receipt of all necessary forms, properly completed.

Authorized KeyBank Signature

BRANCH #/RACFID Date:

For KeyBank Use Only
This IRA Adoption Agreement is meant to supplement a Mandatory Rollover relationship.
Fax to Retirement Operation at 216-357-6029.