

Bank No. 3211

Social Security No.: _____

**ACCOUNT
HOLDER
INFORMATION**

Type of IRA:

 Traditional IRA Roth

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

**Legal Address (if
different from above)** _____

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_____
Date**For KeyBank Use Only**

This IRA Adoption Agreement is meant to supplement a Mandatory Rollover relationship.
Fax to Retirement Operations at 216-357-6029.