

# ACCOUNT APPLICATION

## Qualified Plan



(800) 777 - 9878

(800) 867 - 7668

operations@digitaltrust.com

Type of account to establish:

! If no option is selected, this application will **NOT** be processed.

- 401(k)    403(b)    ESOP    Defined Benefit Plan    Money Purchase Plan    Profit Sharing Plan

### PART 1. PLAN PARTICIPANT INFORMATION

Title:  First Name:  M.I.:  Last Name:  Suffix:

Legal Address:  City:  State:  Zip:

Mailing Address: *(If different than above)*  City:  State:  Zip:

Social Security Number: *(###-##-####)*  Date of Birth: *(MM/DD/YYYY)*  Email Address:

Primary Phone:  Type:  Alt Phone:  Type:

Please create a 4-Digit PIN:

! PIN Numbers should be kept confidential as they can be used in place of verifying personal information.

Is the Account Owner a U.S. Citizen?    Yes    No

### PART 2. PLAN INFORMATION

Please note that Digital Trust, LLC is merely the custodian of self-directed assets held by the plan. Digital Trust will not complete any tax filings or IRS reporting on behalf of the plan, this is the responsibility of the plan administrator, instead, Digital Trust will provide the account owner and plan administrator with your account value as of December 31 of each year. It is up to the account owner to ensure that the account value is correct or to provide a fair market valuation to adjust the account value.

Name of Plan:  Plan EIN:

Plan Administrator Name:  Plan Administrator Phone:  Plan Administrator Email:

Plan Administrator Address:  City:  State:  Zip:

### PART 3. EMPLOYER INFORMATION

Name of Employer:

Phone:

Address:

City:

State:

Zip:

### PART 4. ACCOUNT SETUP

Choose your preferred method for paying the fees associated with your account. Refer to your Fee Schedule for all fees applicable to your account.

Deduct the fees due from the cash available in my account.

Deduct fees using a Credit or Debit Card.



If this option is selected, you will receive a secure link upon signing to provide your card information.

#### Funding & Check Titling

Please see the below example for correct check and asset titling information. The account and assets must be titled in this way to reflect your IRA being the legal owner of the investments and assets. Incorrect titling may cause delays in processing your request or taxable consequences. The correct titling should be as follows:

**“Digital Trust FBO: (Your Name) (Account Type)”**

*Example: Digital Trust FBO: Jane Doe Inherited Roth IRA*

### PART 5. ADDITIONAL AUTHORIZED INDIVIDUAL INFORMATION

Account owners may grant individuals or advisors permission to act as agents on their account for the limited purpose of obtaining information pertaining to their account. Digital Trust will not take direction from authorized agents for purposes of directing investments, disbursements of funds, or any other changes to the client's account. Digital Trust reserves the right to contact the account owner regarding agent information requests.

Full Name:

Email:

Phone:

Address:

City:

State:

Zip:

Please create a 4-Digit PIN:



PIN Numbers should be kept confidential as they can be used in place of verifying personal information.

### PART 6. BENEFICIARY DESIGNATION

Beneficiary designations for this account must be made with the plan administrator. The plan administrator will provide direction for distribution of assets to Digital Trust in the event of the account owner's death.

## PART 7. ACCOUNT OWNER AUTHORIZATION

I have reviewed the Digital Trust Fee Schedule.

I have reviewed the Digital Trust disclosures associated with opening this account.

**Important: Please read before signing.**

USA Patriot Act: To cooperate with the US Government's efforts to combat the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record the identity of each individual who opens an account. Accordingly, when you open an account, we will request your name, address, date of birth, a copy of your driver's license or passport, and other information that will help us to identify you.

By signing below, I certify that all information provided in this Application is true and accurate. I understand the terms and conditions that apply to this account and agree to be bound by them.

Signature of Participant/Account Owner:

Print Name:

Date: (MM/DD/YYYY)