

IRA ADOPTION AGREEMENT

PARTICIPANT INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_
Street City State Zip
E-mail: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

ACCOUNT INFORMATION

Type of Account: \_\_\_\_\_ Notice of revocation must be delivered or mailed to: Hand Benefits and Trust Company
[ ] Traditional IRA Contact Person's Name: IRA Specialist
[ ] Roth IRA Address: 6 Rhoads Drive, Suite 7
Utica, NY 13502
[ ] Both (Traditional and Roth IRAs being established) Phone #: 866-401-5272 ext. 3120

BENEFICIARY(IES) DESIGNATION

Primary Contingent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_
[ ] [ ] Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %
Primary Contingent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_
[ ] [ ] Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %
Primary Contingent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_
[ ] [ ] Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated).

CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of \_\_\_\_\_, parish/county of \_\_\_\_\_,
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.
Commission Expires: \_\_\_\_\_
(affix seal here)
NOTARY PUBLIC (Type, print or stamp name) \_\_\_\_\_
Notary ID # or Bar Roll # \_\_\_\_\_
NOTARY PUBLIC (Signature) \_\_\_\_\_

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the plan document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to the Individual Retirement Account(s) being established. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature of Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

A COPY OF DRIVER'S LICENSE MUST ACCOMPANY THIS FORM.

(OR OTHER VALID PHOTO I.D.)

IRA Disclosure and Custodial Agreement available at: http://www.autorollovers.com/images/uploads/IRA\_Accountholder\_Agreement.pdf

**FACTS** **WHAT DOES BENEFIT PLANS ADMINISTRATIVE SERVICES, INC. DO WITH YOUR PERSONAL INFORMATION?**

**Why?** Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.



**What?** The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number
- Account balances and transaction history
- Account transactions

When you are *no longer* our customer, we continue to share your information as described in this notice.

**How?** All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons Benefit Plans Administrative Services, Inc. chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Benefit Plans Administrators share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations	Yes	No
<b>For our marketing purposes —</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates’ everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates’ everyday business purposes—</b> information about your creditworthiness	No	We Don’t Share
<b>For our affiliates to market to you</b>	No	We Don’t Share
<b>For non-affiliates to market to you</b>	No	We Don’t Share

**Questions?** **Please Note:** If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.

**Visit our website at: [www.bpas.com](http://www.bpas.com) or call one of our office locations if you have additional questions.**

**What we do**

<b>How does Benefit Plans Administrative Services, Inc. protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does Benefit Plans Administrative Services, Inc. collect my personal information?</b>	We collect your personal information, for example, when you complete <ul style="list-style-type: none"> <li>■ A client profile</li> <li>■ Applications or other forms</li> </ul>
<b>Why can’t I limit all sharing?</b>	Federal law gives you the right to limit only: <ul style="list-style-type: none"> <li>■ Sharing for affiliates’ everyday business purposes</li> <li>■ Affiliates from using your information to market to you</li> <li>■ Sharing for non-affiliates to market to you</li> </ul>

**Definitions**

<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and non-financial companies. Our affiliate financial companies include: <ul style="list-style-type: none"> <li>■ Community Bank, N.A.</li> <li>■ Harbridge Consulting Group</li> <li>■ Hand Benefits &amp; Trust</li> <li>■ Flex Corp.</li> </ul>
<b>Non-affiliates</b>	Companies <i>not related</i> by common ownership or control. They can be financial and non-financial companies. Benefit Plans Administrative Services, Inc. does not share with non-affiliates so they can market to you.
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.