

Mail to: Mercer Securities P.O. Box 9746, Providence, RI 02940-1208 For additional information: Contact a Mercer Securities representative toll free at 1-866-727-7277.

IRA Application

Print clearly in CAPITAL LETTERS. Mark small boxes with an X.

1. Plan type

Select one. NOTE: If I do not select an account type, a Traditional IRA will be established.

- Rollover IRA Traditional IRA Roth IRA Inherited IRA

2. Individual retirement account registration There is a \$1,000 minimum initial investment for an IRA account.

Owner's first name Mr. Mrs. Ms. M.I. Last Name

Owner's Social Security number Owner's date of birth month/day/year

Permanent street address (Must be a U.S. address; we cannot establish accounts with a foreign address.)

Mailing address (if different from above)

City State Zip code

Daytime phone Evening phone

E-mail address Fax number

Country (if not U.S.) U.S. Citizen Resident Alien

Marital status Single Married Spouse's name

Mother's maiden name (for potential security identification) Last name

3. Financial information/personal profile

Mercer is required by regulatory agencies to request the information in Sections 3, 4 and 5. This information will be kept confidential.

(Please check off one box in Sections A-G.)

- A. Annual Income from All Sources B. Investment Objective C. Estimated Net Worth D. Estimated Liquid Net Worth E. Federal Tax Bracket F. Investment Knowledge G. Risk Tolerance

Brokerage accounts are cleared through Pershing LLC, member of FINRA, NYSE and SIPC.

Mercer HR Services, LLC and MMC Securities Corp. are affiliates of and owned by Marsh & McLennan Companies, Inc. and are not affiliated with Pershing LLC.

Mercer Securities, is a division of MMC Securities Corp. a registered broker/dealer and member FINRA/SIPC. Mercer Wealth Solutions is a registered service mark of Mercer, Inc.



4. Employment

EMPLOYMENT STATUS

Please check one: Employed Self-employed Retired Unemployed Student Homemaker

Company name

Street or P.O. Box

City

State

Zip code

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Occupation/title

I will check here if my employer requires a duplicate statement. A statement will be mailed to the above address.

5. Associations

Primary Applicant

I, my spouse, or any other immediate family members, including parents, in-laws, siblings and dependents are:

Yes No

Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, or branch manager of a broker-dealer firm) or a financial regulatory agency? *

If yes, please specify entity below. If employed by the entity and, if required, I must provide a letter from my employer (with this Application) approving establishment of this Account.

Broker-Dealer or Municipal Securities Dealer Investment Adviser
 FINRA State or Federal

Securities Regulator

Name of entity(ies):

Yes No

An officer, director or 10% (or more) shareholder in a publicly-owned company?

Name of company and symbol:

Yes No

A senior military, governmental or political official in a non-US country?

Name of country:

***PLEASE NOTE:** If you or an immediate family member are employed by, or affiliated with, a member firm of an exchange or FINRA, including MMC Securities Corp., please list the company, position, and affiliation. If you are affiliated with a FINRA member, a self-regulatory organization, or a stock exchange, please provide a letter of account approval from your compliance officer. Notification of your intent to open an account will be sent to your employer.

6. Beneficiary designation

The following shall be my Beneficiary or Beneficiaries of this Account. If you designate more than one primary or contingent Beneficiary, but do not specify the percentages to which such Beneficiary or Beneficiaries are entitled, payment will be made to the surviving Beneficiary or Beneficiaries in equal shares per stirpes.

Marital Status Single Married (NOTE: Spousal consent may be required. See below.)

PRIMARY BENEFICIARY

First name

Mr. Mrs. Ms.

M.I.

Last Name

Social Security number

 - -

Date of birth month/day/year

 / /

Mailing address (including apartment or box number)

City

State

Zip code

 -

Percentage

%

Gender M/F

Relationship to me

First name Mr. Mrs. Ms. M.I. Last Name

Social Security number Date of birth month/day/year

Mailing address (including apartment or box number)

City State Zipcode

Percentage Gender MIF Relationship to me

CONTINGENT BENEFICIARY (Secondary Beneficiaries will be paid only if all Primary beneficiaries do not survive the participant)

First name Mr. Mrs. Ms. M.I. Last Name

Social Security number Date of birth month/day/year

Mailing address (including apartment or box number)

City State Zipcode

Percentage Gender MIF Relationship to me

First name Mr. Mrs. Ms. M.I. Last Name

Social Security number Date of birth month/day/year

Mailing address (including apartment or box number)

City State Zipcode

Percentage Gender MIF Relationship to me

SPOUSAL CONSENT (For use in community or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI)

If I am married, reside in a community property or marital property state, and designate someone other than my spouse as my sole, primary Beneficiary, my spouse must sign this form below. In addition, the form must be signed in the presence of a Notary Public.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this Account, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this Account and consent to the Beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Mercer.

Signature of Spouse (Required in community or marital property states) Date month/day/year

Printname



7. Account Funding

A. **A CHECK IS NOT ENCLOSED** (If applicable, I will attach a completed Mercer Securities transfer of assets form. Or, if I am rolling over assets held in a company retirement plan, I will contact my retirement plan administrator for instructions on how to distribute my retirement plan account.)

Roll over my company plan account serviced by Mercer

Name of company plan

I understand that I may allocate investments in my company plan account serviced by Mercer (subject to plan rules) prior to submitting this Application in order to affect how my rollover contribution will be invested in my Account. I understand that I may reallocate investments in my Account at any time according to its terms. Please reference the Account Agreement for more details related to this option.

Solicit my current trustee for assets held in a traditional IRA (if I have checked "Roth IRA" in Section 1 above, invest my contribution as a conversion contribution to my Roth IRA).

Solicit my current trustee for assets held in a rollover IRA (if I have checked "Roth IRA" in Section 1 above, invest my contribution as a conversion contribution to my Roth IRA).

Solicit my current trustee for assets held in a Roth IRA (must check "Roth IRA" in Section 1 above).

Solicit my current trustee for assets held in a Roth Conversion IRA (must check "Roth IRA" in Section 1 above).

I would like to contribute to my IRA through a Systematic Investment Plan (do not check "Rollover IRA" in Section 1 above).

B. **A CHECK IS ENCLOSED** (Complete, if applicable, and make check payable to "Pershing LLC")

Please invest \$, . as a contribution for the current year and

\$, . as a contribution for the prior year (enter "0" if no amount is to be invested for a year; enter "0" for the prior year if your contribution is a rollover or a conversion contribution. Prior year contributions generally must be postmarked on or before April 15th of the current year).

Source of funds

I understand that by submitting this Application I am directing contributions, indicated below, to be invested in a Money Market Fund. I understand that I may reallocate investments in my Account at any time according to its terms.

8. Optional services

PORTFOLIO EVALUATOR SERVICE OPTION

Yes, for my Account, I would like the Portfolio Evaluator Service, which offers complete support for tax lot accounting, including cost-basis and year-to-date realized gains and losses on Account statements, for \$24 per year (waived for Accounts with balances over \$100,000). The tax-lot accounting will be calculated on a first in, first out (FIFO) basis.

For more information or other options, please call a Mercer Securities representative at (866) 727-7277.

DIVIDEND REINVEST SERVICE OPTION

Yes, I would like Mercer to reinvest all eligible equities and closed-end mutual funds in my Account.

For more information on this program, please refer to the Account Agreement and Dividend Reinvestment Disclosure Document.

9. Consent to electronic communications

I agree to receive all appropriate documentation and information regarding my business with Mercer, its subsidiaries and/or affiliates through Mercer's e-mail system ("System"). This electronic delivery will be regarded by me as appropriate delivery pursuant to the delivery requirements under all applicable statutes and rules of the U.S. Securities and Exchange Commission, the Financial Industry Regulatory Authority and any state. I acknowledge that I have the appropriate electronic equipment to use the System, understand that I may incur certain operational costs in this use and further understand that this agreement will remain in effect continuously until I notify Mercer that I no longer desire to receive information through the System.

In the event that I no longer desire to use the System, you agree to notify Mercer at (888) 727-7277 of this and to allow a reasonable amount of time to make appropriate changes to ensure proper delivery through other means. This communication and all other communications by Mercer through the System are considered routine business communications pursuant to our existing business relationship concerning certain products of Mercer. Checking the CONSENT box below and my signature on this Application authorizes Mercer to provide documentation to me through the System.

consent do not consent to electronic delivery of all documentation and information concerning my business with Mercer.

Mercer will use the email address provided below for electronic communications to me.

Email Address:

10. Signature PLEASE NOTE: If ALL pages are not received in their entirety or you alter this agreement, Mercer will not establish this Account.

By signing this form, I certify that:

- I acknowledge that I have read and agree to be bound by the terms of the Account Agreement. If I do not understand any provision therein, I will notify Mercer. I have the authority and legal capacity to open this Account, am of legal age in my state, and believe each investment is suitable for me.



Please read the following important information and initial below.

- I acknowledge that I am responsible for determining the nature, potential value, and suitability for me of any particular security, transaction, or investment strategy and that Mercer does not give investment, legal or tax advice regarding particular investments, including advice involving suitability of, and investment strategies for, particular investments.
- I received, read, and agree to the Mercer IRA Plans Disclosure Statements as appropriate.
- I authorize, as appropriate, Mercer and its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this form. Mercer uses reasonable procedures designed to verify the authenticity of the shareholder. If these procedures are followed, Mercer will not be liable for any loss that may result from acting on unauthorized instructions.
- I authorize Mercer to act upon instructions received by telephone from me or any person claiming to act as me who can provide Mercer with my identifying information.
- I agree to indemnify and hold harmless Mercer against any claim, loss, expense, or damage, including reasonable fees of investigation and counsel, in connection with any telephone withdrawal effected on my Account.
- I understand that Mercer and Pershing, Mercer's clearing firm, without prior notification reserve the right to reject any transaction.
- I understand that anyone who I have authorized through a Full Trading Authorization form, and who I supply with the required account information, can make telephone/online exchanges or telephone redemptions on my behalf and that redemption checks will be sent only to the owner and the address of record.
- I understand that online/telephone exchange services will automatically be activated upon the establishment of my money market sweep account as disclosed in the Account Agreement.
- I understand that my mutual fund investments will be made pursuant to the current prospectus available.
- I understand that Pershing will automatically hold all my securities purchased, transferred, or deposited. If I would prefer to have my Account handled otherwise, I will provide written instructions. A fee will be charged to have security certificates registered to my Account that is listed in the Mercer Commission and Fee Schedule.
- I acknowledge that dividends on my money market sweep fund will be automatically reinvested.
- I understand that if I am transferring equity positions into this Account that currently have dividends automatically reinvested, that service will not carry over to my Account, unless otherwise selected in section 8 of this Application. I will have to contact Mercer once my account transfer proceeds are received to reinstate this service, should this be the case.

In order 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 identifies each person who opens an Account. When I open an Account, Mercer will ask for my name, residential address, date of birth, Social Security or Tax Identification Number, and other information that will allow Mercer to identify me. This information may be shared with third parties for the purpose of verification, subject to the terms of Mercer's Privacy Policy. Mercer may also ask me to provide a copy of my driver's license or other identifying documents. If Mercer cannot verify my identity this Account may not be opened.

I understand that in the event the Account is opened, pending information from me, but Mercer is unable to verify my identity, the Securities in this Account will be liquidated at the current market value (standard representative assisted commissions and applicable fees may apply). My Account will then be closed and the assets will be sent to me. With respect to any such distribution, I understand that standard account close-out fees will apply. I further understand that this may constitute a taxable event.

If I am opening a retirement account and my Account is liquidated and distributed to me because my identity cannot be verified, I elect that no amount be withheld for federal income tax. I understand that I am liable for any federal income and potential penalty taxes due on the taxable part of any such distribution, and I can incur penalties if my withholding or estimated tax payments for the year are not sufficient. I understand that I could be subject to back-up withholding and state taxes may also apply. I further understand that under federal law I will have sixty (60) days from the date of receipt by me to roll over such distribution to another IRA or eligible retirement plan that will accept it. I will consult with my professional tax advisor if I have any questions about the consequences of any such distributions.

For clarification on any of these certification issues, I will contact Mercer for assistance. If I fail to give the correct information or number, or fail to sign the Application, Mercer may reject, restrict, or redeem my Account. I may also be subject to backup withholding, and I may be subject to an IRS penalty.

BY SIGNING THIS APPLICATION, I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THE PREDISPUTE ARBITRATION SECTION ABOVE, THE MERCER SECURITIES IRA CUSTODIAL AGREEMENT, COMMISSION AND FEE SCHEDULE AND THE MERCER SECURITIES ACCOUNT AGREEMENT.

PREDISPUTE ARBITRATION

This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

- (A) ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- (B) ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- (C) THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- (D) THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD.
- (E) THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.

Initials _____



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- (F) THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- (G) THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

I agree to settle by arbitration any controversy between myself and Mercer, its parent, or affiliates, and/or any such officers, directors, employees, agents, or Mercer concerning the Agreements, my Account, or Account transactions, or in any way arising from my brokerage relationship with Mercer whether entered into prior to, on, or subsequent to this date. Such arbitration will be conducted before and according to the arbitration rules of the Financial Industry Regulatory Authority ("FINRA"), unless the choice of another arbitration forum is required by applicable state law.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

(i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

Mercer or I may initiate arbitration by serving or mailing a written notice. If I do not designate the arbitration forum in my notice, or respond in writing within five (5) days after receipt of your notice, I authorize you to designate the arbitration forum on my behalf. Judgment on any arbitration award may be entered in any court having jurisdiction, and I submit myself and my personal representative(s) to the jurisdiction of such court.

THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT.

I: (i) adopt the Mercer Traditional Individual Retirement Account or the Mercer Roth Individual Retirement Account, as indicated by the Account type selected in Section 1 above, as a traditional or Roth individual retirement account under Section 408 or 408A of the Internal Revenue Code, respectively; (ii) have received and had an opportunity to read a current prospectus of any mutual fund and description of any investment option selected; (iii) appoint Mercer Trust Company as Custodian; (iv) acknowledge that the terms used in this Application have the meanings set forth in the Account Agreement; and (v) agree that an annual maintenance fee of \$35 will automatically be deducted from my Account. I also certify under the penalties of perjury that the Social Security number set forth in Section 2 is true, correct, and complete.

Owner's signature (exactly as name appears in Section 2)

Date month/day/year

		/			/				
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Mercer Securities use only

Principal signature (For Mercer use only)

Date month/day/year

		/			/				
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CIP/OFAC Review
(For Mercer use only)

