

Mutual Fund IRA Application



Sammons Retirement Solutions® | P.O. Box 758547, Topeka, KS 66675-8547
Overnight: Mail Zone 547, 5801 SW 6th Ave., Topeka, KS 66636-1001
Phone: 1-866-747-3421 | **Fax:** 1-866-511-7038

Instructions

Use this application for the Sammons Retirement Solutions LiveWell® Mutual Fund IRA only.

USA Patriot Act requirements: To help the government fight the funding of terrorism and money laundering activities, the U.S. government passed the USA Patriot Act, requiring financial institutions to obtain, verify, and record information that identifies persons who engage in certain transactions with or through Sammons Retirement Solutions. This means we will need to obtain certain information that allows us to verify your identity. The following information is required for each person associated with the account:

- Name
- Residence address (P.O. Box is not accepted; APO/FPO is accepted)
- Date of birth
- Social Security number (SSN)

Please make checks payable to: UMB Bank NA FBO: (Account Holder's name)

UMB Bank n.a. is the custodian for the LiveWell® Mutual Fund IRA program. The mutual funds offered through the LiveWell® Mutual Fund IRA are made available through Sammons Financial Network®, LLC., member FINRA, 4546 Corporate Drive, Suite 100, West Des Moines, IA 50266. Information about the LiveWell® Mutual Fund IRA and its funds can be obtained by calling 866-747-3421. Sammons Institutional GroupSM, Inc., Sammons Retirement Solutions® (a division of Sammons Institutional Group), and Sammons Financial Network®, LLC., member FINRA are affiliated companies and are not affiliated with UMB Bank n.a.

1. Account Holder information

If the Account Holder is a non-resident alien, submit IRS Form W-9. This form is available at www.irs.gov.

Name (first, middle initial, last)			Social Security number
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien/Citizen of: _____		Date of birth (mm/dd/yyyy)
Street address (P.O. Boxes are not allowed)*			Apartment/Suite number
City	State	ZIP	Phone number

2. Beneficiary information

The total percentage of beneficiary shares must equal 100%. If the beneficiary information is missing or incomplete, the beneficiary designation will default to the Account Holder's estate until the information is provided. Please list additional beneficiaries on a separate piece of paper that includes the date signed and the Account Holder's signature.

<input type="checkbox"/> Primary <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita	1. Name or Non-natural entity (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Account Holder	DOB/Trust date (mm/dd/yyyy)	
	Mailing address	Phone number	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita	2. Name or Non-natural entity (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Account Holder	DOB/Trust date (mm/dd/yyyy)	
	Mailing address	Phone number	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita	3. Name or Non-natural entity (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Account Holder	DOB/Trust date (mm/dd/yyyy)	
	Mailing address	Phone number	



* If your mailing address is different than your street address, please list on a separate piece of paper with the Account Holder's signature and date.

3. Qualified plan type

Traditional IRA Roth IRA* SEP IRA** Inherited IRA (additional form required)

Contribution year and amount: Year _____ Amount \$ _____ | Year _____ Amount \$ _____

* Roth IRA: If transfer, provide original conversion/establishment date and amount: _____

** Employer name (For SEP IRA only): _____

4. Initial contribution

Minimum initial contribution is \$10,000. **MAKE CHECKS PAYABLE TO: UMB Bank NA FBO: (Account Holder's name)**

Initial contribution: \$ _____ Rollover* Transfer*

* If you checked rollover or transfer, please name the Trustee/Custodian/Insurance carrier below.

Trustee/Custodian/Insurance carrier: _____

Trustee/Custodian/Insurance carrier: _____

Trustee/Custodian/Insurance carrier: _____

5. Dollar cost averaging

CHECK HERE to elect dollar cost averaging. If you elect dollar cost averaging, please submit the dollar cost averaging form with this application.

6. Automatic portfolio rebalancing

This is optional and may not be used with dollar cost averaging.

CHECK HERE to elect automatic portfolio rebalancing. The account value will rebalance to the portfolios selected in the initial account allocations section of this application. Rebalancing will occur on the account anniversary of the month according to the elected frequency, provided that is a business day. If you elect automatic portfolio rebalancing but do not indicate a frequency below, automatic portfolio rebalancing will default to quarterly.

Frequency: Quarterly Semi-annually Annually

Please consult the sales materials provided at account opening for details regarding this feature as well as restrictions, minimum or maximum limitations, fees, and other applicable information. Automatic portfolio rebalancing cannot be elected if you participate in dollar cost averaging.

7. Initial account allocations

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

LiveWell® Models

Accumulation	Percent
Conservative	_____ %
Moderate	_____ %
Moderate Growth	_____ %
Growth	_____ %
Aggressive Growth	_____ %

Income	Percent
High Income	_____ %
Diversified Income	_____ %



Risk-based allocation funds

Ticker	Fund name	Percent
FEYTX	Fidelity Advisor Asset Manager 85% M	_____ %
FTASX	Fidelity Advisor Asset Manager 70% M	_____ %
FFTMX	Fidelity Advisor Asset Manager 50% M	_____ %
FTTNX	Fidelity Advisor Asset Manager 30% M	_____ %
Total investment election		100%

The model portfolios will not automatically rebalance unless automatic portfolio rebalancing is elected.

Morningstar Investment Management LLC is a registered investment adviser and subsidiary of Morningstar, Inc. Morningstar Investment Management provides nondiscretionary consulting services to Sammons Institutional GroupSM, Inc. (SIG) but is not acting in the capacity of adviser to individual investors. Morningstar Investment Management provides recommendations to SIG regarding asset allocation targets, for certain LiveWell® products/programs, which are subject to change without notice. Morningstar Investment Management establishes the allocations using its proprietary asset classifications. If alternative classification methods are used, the allocations may not meet the asset allocation targets. The Morningstar name and logo are registered marks of Morningstar, Inc. Morningstar Investment Management is not affiliated with SIG.

Funds are current as of 2/1/2020. Please see www.srslivewell.com for any applicable changes.

8. Electronic information and document delivery consent (eDelivery)

By checking, providing my email address below and signing this application, I consent to receive by electronic delivery the following documents from Sammons Retirement Solutions, including: prospectuses and prospectus supplements, periodic and immediate confirmations, quarterly statements, annual and semi-annual fund company reports, proxy and other voting materials, correspondence, other documents, and any disclosure materials ("Record(s)").

I understand that Sammons Retirement Solutions will send me an email that will require my agreement and confirmation to begin receiving documents electronically, and that I will receive a notification email each time a new document is available for viewing. I confirm I have access to a computer and a Web browser to view these documents. I understand I will need Adobe Acrobat Reader software to access any PDF documents. A free download of this software is available at <http://get.adobe.com/reader>. I understand that all documents provided in electronic or paper format from Sammons Retirement Solutions will be considered received and binding.

I understand I can receive a paper copy of documents and/or revoke my consent at any time by calling Sammons Retirement Solutions at 866-747-3421. This consent will terminate a) when I notify Sammons Retirement Solutions to terminate, or b) when the Account is terminated. I understand that Sammons Retirement Solutions reserves the right to discontinue electronic provision of documents and that notice of any such termination or change will be provided to me as required by law.

Sammons Retirement Solutions does not charge a fee for providing electronic documents; however, I may incur Internet access charges, telephone charges and other third-party charges when receiving electronic documents or downloading required software.

This consent applies to this Account only. If multiple Accounts are owned, electronic delivery must be elected for each.

Account Holder's email address: _____

9. Telephone, internet, and electronic medium transaction authorization

By initialing below, I hereby authorize and direct Sammons Retirement Solutions to act on telephone, Internet or other electronic medium instructions, when proper identification is furnished (Social Security number, Tax Identification or other established identifiers) concerning, but not limited to, exchange of units between the funds, to change allocation of future contributions, to request partial withdrawals, and/or other authorized transactions. I agree that Sammons Retirement Solutions is not liable for any losses or expenses arising from any exchange, change in allocation of future contributions or partial withdrawal by acting in accordance with telephone, Internet or other electronic medium instructions that they believe to be genuine. Sammons Retirement Solutions will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the electronic information and document delivery consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify Sammons Retirement Solutions of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.



Account Holder's initials

I authorize my Registered Representative(s) and their assistant(s) to enact changes to my Account on my behalf.



Account Holder's initials

I authorize the following individuals to enact changes to my Account on my behalf.

Name (first, middle initial, last): _____ Social Security number: _____

Name (first, middle initial, last): _____ Social Security number: _____

If a Social Security number is not provided, the proposed individual will not be authorized for certain transactions.

This authorization will remain in effect until: 1) Sammons Retirement Solutions receives written or telephone notification from the Account Holder, or 2) the Account is terminated. In absence of initials, Sammons Retirement Solutions will default to no authorization given for electronic and telephone transactions.

10. Acknowledgment, taxpayer certification, and signature

By signing this application, the Account Holder named above appoints UMB Bank n.a., or its successors, as Custodian of the Account established under the Sammons Retirement Solutions LiveWell® Individual Retirement Account custodial agreement and Traditional IRA Disclosure Statement, or Roth IRA Disclosure Statement, included with the application materials. The Account Holder states that he/she has received, read, and accepted the terms of the Sammons Retirement Solutions LiveWell® Individual Retirement Account custodial agreement and the Sammons Retirement Solutions LiveWell® Traditional IRA Account Disclosure Statement or Roth IRA Account Disclosure Statement. The Account Holder acknowledges receipt of current prospectus(es) of the mutual fund companies in which the assets of the Account may be invested. The Account Holder also consents to the Recordkeeping Fee(s) as specified in the Disclosure Statement, agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Disclosure Statement, and represents that whenever information as to any taxable year is required to be filed with the Internal Revenue Service, the Account Holder will file such information with the Internal Revenue Service unless what is filed by the Custodian represents that any rollover contributions are eligible for rollover pursuant to the terms of the Internal Revenue Code, including but not limited to the requirement to reinvest such amounts within 60 days of the date of receipt of the distribution and the Custodian hereby agrees to accept this Agreement. The Account Holder and the Custodian agree to be bound by all of the provisions of the Account Agreement and Disclosure Statement incorporated herein by reference. I further understand that I must carefully review each Account confirmation statement or other documentation of transaction that I receive to ensure that my instructions have been properly acted upon. If any discrepancies are noted, I agree to notify Sammons Retirement Solutions in a timely manner but in no event more than 30 days from receipt of such confirmation statement or documentation of transaction. Failure to notify one of the above entities on a timely basis will relieve such entities of any liability with respect to the transaction and any other discrepancy.

Under penalties of perjury, my signature certifies that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
- 3. I am a U.S. citizen or U.S. resident alien; and
- 4. I am exempt from FATCA reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I confirm that I have access to a computer with internet access to view the fund prospectuses.

Account Holder's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

11. Registered Representative's statement

I certify I have reviewed this application, determined all questions are answered fully, completely and accurately as supplied by the applicant, and recorded in full detail as required.

Registered Representative's full name (please print)	
Business email address (REQUIRED)	Percentage (whole percentages only)
External Broker-Dealer ID	CRD number (REQUIRED)

Registered Representative's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Additional Registered Representative's full name (please print)	
Business email address (REQUIRED)	Percentage (whole percentages only)
External Broker-Dealer ID	CRD number (REQUIRED)

Additional Registered Representative's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

12. Client BIN/Networking number

Client BIN/Networking number (For Registered Representative use only – not required by Sammons Retirement Solutions) _____