

Sub Firm #	BR Code	FA Code	Account #

Use this form to establish an IRA account. Do not use this form for an Education Savings Account. If the client is eligible and wants to obtain checkwriting privileges, in addition to this form, also complete the IRA Checkwriting Application.

**CLIENT INFORMATION**

Please check appropriate box. Do not check more than ONE. If rollover, attach Rollover form.

- Regular IRA  
  Roth IRA  
  Inherited IRA  
  SEP IRA  
  SAR-SEP IRA (can not be a new plan)
- SIMPLE IRA  
 If SIMPLE IRA, also complete the Employer Information Sheet for SIMPLE IRAs

Name		Date of Birth:
		/ /
Street Address (Cannot be a P.O. Box)		Social Security Number:
City	State	ZIP

**BENEFICIARY DESIGNATION**

**Name a beneficiary or beneficiaries in this section.** Acceptable beneficiaries are an individual, estate, trust or organization. If there is no named beneficiary or no remaining beneficiary then such amount shall be payable in accordance with the FCC Self-Directed IRA Custodial document. If one of the beneficiaries in the same category should predecease the owner or disclaim benefits under this IRA, then such amount shall be payable to the sole remaining beneficiary. To make modifications to this designation, complete the IRA Change of Beneficiary & Indemnification Form. If you want beneficiaries to share the IRA per stirpes or you wish to name your beneficiaries in a supplemental document you will need to make a standard designation on this Enrollment Form then complete the IRA Change of Beneficiary & Indemnification Form to submit the change.

**PRIMARY BENEFICIARY:** I designate the following to share equally in my account balance unless otherwise indicated.

	NAME & ADDRESS	RELATIONSHIP	DATE OF BIRTH (Required)	SOC. SEC. NO. (Required)	% OF BENEFITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Check this box if additional beneficiaries are named on a separate signed page using the same format as above. **Must equal 100%**

Complete only if trust is named as beneficiary:

The trustee(s) serving at my death under the Agreement of Trust executed on \_\_\_\_\_, by me as grantor and \_\_\_\_\_ as trustee(s) to be held as part of such trust and administered and distributed in accordance with its provisions as amended to the time of my death.

**CONTINGENT BENEFICIARY:** I designate the following to share equally in my account balance (unless otherwise indicated) if no primary beneficiary is living at the time of my death.

	NAME & ADDRESS	RELATIONSHIP	DATE OF BIRTH (if available)	SOC. SEC. NO. (if available)	% OF BENEFITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Complete only if trust is named as beneficiary:

The trustee(s) serving at my death under the Agreement of Trust executed on \_\_\_\_\_, by me as grantor and \_\_\_\_\_ as trustee(s) to be held as part of such trust and administered and distributed in accordance with its provisions as amended to the time of my death. **Must equal 100%**

**SPOUSAL CONSENT – If Married - For use in Community or Martial Property Jurisdictions (including but not limited to AZ, CA, ID, LA, NV, NM, WA, WI, OR PR)**

(Note that in Alaska, community property rules may be adopted by agreement signed by married couple.)

I am the spouse of the IRA account holder named above. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I hereby agree and consent to the naming of the primary beneficiary set forth above, and along with my agreement and consent, do hereby transmute to my spouse all my community property interest in the IRA described above that I may have. I acknowledge my community property interest in the IRA account and voluntarily elect to relinquish my right to the community property in the IRA account. I also acknowledge and agree and I shall have no claim whatsoever against the custodian for any payment to my spouse's name beneficiary(ies).

SIGNATURE OF SPOUSE \_\_\_\_\_ / /  
 PRINTED NAME OF SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_

**CASH SWEEP OPTIONS** In accordance with the terms of the account, I select the following sweep option for the automatic investment of interest and dividend income as well as any other cash balances in my account. In absence of a selection, I agree that my cash will be placed in the Bank Deposit Account. If you select a Money Market Mutual Fund, a Prospectus will be mailed separately.

- Bank Deposit Account\*                     
  Money Market Mutual Fund (Appropriate Money Market Selection Form should be provided.)

\*This option is not available to Managed Accounts

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**ARBITRATION**

**Arbitration Disclosures:**

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

- All of the 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 the claim is filed.
- Arbitration awards are generally final and binding; a party’s ability to reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award.
- The panel of arbitrators typically will include a minority of arbitrators who were or are affiliated with the securities industry.
- 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.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute 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 client 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.

**Arbitration Provision:**

Notwithstanding the preceding paragraph, it is agreed that all controversies or disputes which may arise between you, FCC, Introducing Firm, Clearing Agent and any Sub-Advisor (and/or any other agent), (collectively, "us") concerning any transaction or the construction, performance or breach of this Agreement or any other agreement between us, whether entered into prior to, on, or subsequent to the date of this Agreement, including any controversy concerning whether an issue is arbitrable, shall be determined by arbitration conducted before, and only before, an arbitration panel set up by either the National Association of Securities Dealers, Inc. ("NASD") or the New York Stock Exchange, Inc. ("NYSE") in accordance with their respective arbitration procedures. Any of us may initiate arbitration by filing a written claim with the NASD or the NYSE. Any arbitration under this Agreement will be conducted pursuant to the Federal Arbitration Act and the Laws of the Commonwealth of Virginia.

**ACCOUNT ACCEPTANCE**

I, the undersigned, acknowledge I have received, read, understand, adopt and agree to be bound by the terms of this Agreement as well as the accompanying First Clearing, LLC ("FCC") Self-Directed Individual Retirement Account Disclosure Statement & Individual Retirement Account Custodial Agreement (for the type of IRA I have selected above), and the First Clearing, LLC Account Disclosures which are hereby incorporated into this Agreement.

I acknowledge that there may be fees for this account and agree to pay such fees. Administrative fees and charges assessed by First Clearing, LLC on your IRA may diminish the overall account return and could negatively impact any tax deferral benefits. Such fees and charges may particularly impact those accounts with smaller retirement savings balances. It is important that you review all applicable fees and charges relative to your account prior to establishing a First Clearing, LLC as Custodian IRA.

I certify that my social security number shown on this form is correct. By signing below, I acknowledge that I have read and understand the foregoing.

**THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 2, UNDER THE HEADER "ARBITRATION". THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS AGREEMENT.**

**SIGNATURE** X

DATE / /