

FOR PROCESSING, RETURN TO: IPS ♦ 8226 Douglas Avenue ♦ Suite 520 ♦ Dallas, Texas 75225-5927 ♦ 800-473-1977 ♦ 855-739-1987 FAX

A

BASIC ACCOUNT OWNER INFORMATION

Legal Name: _____ Soc. Sec. Number: _____

Legal Residence*: _____ Date of Birth: _____

City, State, Zip: _____ Home Phone: _____

*If this address is different than the one on your ID, you must provide explanation of the discrepancy.

Mailing Address: (if different) _____ Daytime Phone: _____

City, State, Zip: _____ Cell Phone: _____

Driver's Lic. #: _____ State: _____ Exp: _____ Occupation: _____

Online Account Access: Check this box if you would like online access activated for your account. ***You must provide a valid email address.*** Email: _____

B

DESIGNATION OF ACCOUNT TYPE

Traditional IRA Roth IRA SEP IRA Simple IRA
Employer Name: _____

Is this also an Inherited IRA? Yes No **(If yes, please include a copy of a death certificate)**

Decedent's Name: _____ Date of Death: _____

C

INITIAL FUNDING

(See Definitions Page)

Transfer from an IRA Estimated Amount: \$ _____
(Complete an Account Transfer Request)

Rollover from a Qualified Plan Estimated Amount: \$ _____
(Contact current custodian / trustee for required paperwork and complete a Direct Rollover Request)

Check Included
(Complete a Contribution Designation form. * **check cannot be deposited without this** *)

D

THIRD PARTY AUTHORIZATION

I hereby delegate to the authorized person named below the authority to have online access to view my account. I also authorize Liberty Trust Company to disclose information regarding my account to this person.

Name of Representative: _____ Phone Number: _____

Address: _____ FAX Number: _____

City: _____ State: _____ Zip: _____ Email Address: _____

For Liberty Trust Company use only:

Account Number: _____ Notes: _____

E**BENEFICIARY DESIGNATION**

Only if there are no surviving primary beneficiaries when you die will contingent beneficiaries receive the account funds.

PRIMARY BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ____/____/____ Share: _____% Relationship: _____
PRIMARY BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ____/____/____ Share: _____% Relationship: _____
PRIMARY BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ____/____/____ Share: _____% Relationship: _____
CONTINGENT BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ____/____/____ Share: _____% Relationship: _____
CONTINGENT BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ____/____/____ Share: _____% Relationship: _____
CONTINGENT BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ____/____/____ Share: _____% Relationship: _____
CONTINGENT BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ____/____/____ Share: _____% Relationship: _____

F**SPOUSAL CONSENT**

Spousal consent may be required only if your spouse has not been named the sole primary beneficiary and you or your spouse is a resident of a community or marital property state. The state laws in which the custodian resides, the transaction occurs or the trust is held should also be consulted regarding the spousal consent requirement.

I am the spouse of the Account Owner named above, I agree to my spouse's naming of a Primary Beneficiary other than myself, and I acknowledge that I shall have no claim whatsoever against IRA Plus Southwest, LLC or Liberty Trust Company, Ltd. for any payment to my spouse's beneficiary (ies).

Spouse's Printed Name: _____

Spouse's Signature: **X** _____ **Date:** **X** _____



ACCOUNT OWNER ACKNOWLEDGEMENTS, REPRESENTATIONS AND SIGNATURE

I, the above named Account Owner, appoint Liberty Trust Company, Ltd. as Custodian of my IRA and hereby agree, acknowledge and represent the following:

A. I acknowledge and agree to all of the provisions, and specifically the investment provisions, of the Custodial Agreement (Form 5305-A for a Traditional IRA; Form 5530-RA for a Roth IRA; Form 5305-SA for a SIMPLE IRA) that is hereby incorporated by reference into this section of this Account Application.

B. I agree and acknowledge that neither Liberty Trust Company, Ltd. nor IRA Plus Southwest, LLC is a fiduciary with regard to my IRA.

C. I further agree and acknowledge that I have the sole responsibility for the investment of my IRA assets with Liberty Trust Company, Ltd. and that Liberty Trust Company, Ltd. and IRA Plus Southwest, LLC shall have NO LIABILITY for any losses, expenses, damages (of any kind), costs, including court costs and attorney fees, or taxes, including tax resulting from prohibited transactions or disqualification of my IRA resulting from transactions executed by IRA Plus Southwest, LLC and/or Liberty Trust Company, Ltd. and authorized by me or my power of attorney.

D. I agree and acknowledge that Liberty Trust Company, Ltd. and IRA Plus Southwest, LLC have not provided and do not provide any investment management or investment, legal or tax advice and will not be responsible for any investment results (gain or loss) of any asset in my IRA.

E. I agree and represent that it is solely my responsibility to perform the due diligence with regard to any investment or investment sponsor, including but not limited to, obtaining and reading any applicable prospectus, private placement memorandum, offering circular or similar document prior to authorizing Liberty Trust Company, Ltd. and/or IRA Plus Southwest, LLC to make any investment on behalf of my IRA.

F. I agree and acknowledge that neither Liberty Trust Company, Ltd. nor IRA Plus Southwest, LLC has a duty to review or evaluate any investment or any sponsor of any investment. I further agree and acknowledge that neither Liberty Trust Company, Ltd. nor IRA Plus Southwest, LLC will review or evaluate any investment or any sponsor of any investment.

G. I agree to defend and indemnify Liberty Trust Company, Ltd. and IRA Plus Southwest, LLC and to hold them harmless from and against **all losses, expenses, damages (of any kind), costs, including court costs and attorney fees, or taxes, including tax resulting from prohibited transactions or disqualification of my IRA** resulting from transactions executed by Liberty Trust Company, Ltd. and/or IRA Plus Southwest, LLC and authorized by me, my power of attorney or other authorized representative in connection with any investment which I hold in my account.

H. I acknowledge and represent that it is solely my responsibility to understand and comply with the eligibility requirements for establishing an IRA, making rollover contributions or transfers and for making all of the investments that are held my IRA or that will be made in the future.

I. I agree and acknowledge that Liberty Trust Company, Ltd. and IRA Plus Southwest, LLC have no responsibility for tax consequences due to additions to or distributions from my IRA.

J. I acknowledge and represent that I have received and read the Individual Retirement Account Custodial Agreement, the accompanying Disclosure Statement, and the accompanying Fee Agreement and I understand, acknowledge, and agree to be bound by the terms and conditions in each document.

K. I acknowledge and agree that it is solely my responsibility to comply with the provisions of Internal Revenue Section 4975 "Tax on Prohibited Transactions" and that it may be necessary for me to obtain competent legal counsel in addition to having personal understanding of the provisions. I agree to notify Liberty Trust Company, Ltd. if a prohibited transaction occurs with regard to my IRA.

L. I agree and acknowledge that (1) I am solely responsible for providing Liberty Trust Company, Ltd. with the Fair Market Value of the assets held in my IRA and for the accuracy of the Fair Market Value; (2) Liberty Trust Company, Ltd. is in no way responsible for the accuracy of the Fair Market Value reported to me or the IRS; (3) the fact that Liberty Trust Company, Ltd. reports the FMV (provided to Liberty Trust Company, Ltd. by me or by a third party authorized by me to provide the FMV to Liberty Trust Company, Ltd.) to me, the IRS, or other party shall in no way imply or be interpreted to mean that Liberty Trust Company, Ltd. has independently determined the FMV being reported or that Liberty Trust Company, Ltd. is guaranteeing the FMV or that the asset can be sold for the FMV being reported; (4) Liberty Trust Company, Ltd. has no responsibility for the tax consequences of any taxable event based on the FMV of any asset held in the Account, including but not limited to required minimum distributions, normal or early distributions or Roth Conversions.

M. I represent, agree and acknowledge that I understand the requirements of Internal Revenue Code Section 401(a)(9) Required Minimum Distributions with respect to my IRA account including the severe penalties (50% excise tax) for not making timely Required Minimum Distributions. I further agree and acknowledge that I am solely responsible for determining the amount and requesting distribution of any Required Minimum Distributions.

N. I agree and acknowledge that I am solely responsible for determining whether any Unrelated Business Taxable Income is generated by any investment in my IRA and for the proper filing of Form 990-T and payment of any required tax and that the tax must be paid by my IRA and not by me.

O. I acknowledge and agree that, except to the extent that it is governed by or subject to the Internal Revenue Code and Regulations or other federal law, this agreement shall be governed by the laws of the State of South Dakota.

P. Under penalty of perjury, I declare and certify that this form, except for the information provided in the completion of the form, is identical, word for word, to the form provided by Liberty Trust Company, Ltd. ("LTC"), via its website or by any other means, and has not been altered in any manner whatsoever by me or, to my knowledge, by any third party. In the event that this form has been modified, with or without my knowledge, I agree that any such modification shall be null and void and that the language of the form as it was provided by LTC shall override any conflicting language.

Please attach a legible copy of your unexpired Driver's License, Passport, or other Government issued photo ID

Signature: **X** _____ Date: **X** _____

For Liberty Trust Company use only: Accepted in South Dakota by Liberty Trust Company, Ltd., Custodian.
Custodian Signature: **X** _____ Date: **X** _____