



**SAFE-HARBOR-IRA® APPLICATION AND ADOPTION AGREEMENT  
USA PATRIOT ACT/CUSTOMER IDENTIFICATION**

**THIS FORM MUST BE NOTARIZED**

**IRA Owner (“Account Owner”) Information**

*\*Indicates required information*

\*Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security No.: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

E-mail address (for Internet access to your account) \_\_\_\_\_

Other Names Used (include alias, maiden name, or surname.) \_\_\_\_\_

**Statement Fee**

We provide annual statements for all claimed accounts. Your account will be assessed an annual \$5 fee per paper statement. If you wish to avoid this charge, reach out to us to be set up with online access which provides electronic statements. If you elect to receive electronic statements, you can switch back to paper at any time by contacting us through phone, e-mail or standard mail.

**Account Contribution and Investment Information**

Contribution:  
Trustee-to-Trustee Transfer under Sec. 657(c) of EGTRRA

Investment:  
All deposits to fund this IRA and subsequent earnings thereon are directed to be invested in:

An FDIC insured bank deposit or an FDIC insured money market fund or such other investment as determined by Centier Bank to be a qualified investment under Department of Labor Regulation 2550.404(a)-2(c)(3)(i), (ii), (iii).

**Account Beneficiary Information**

The Department of Labor has determined that an IRA established under Section 657(c) of EGTRRA is not controlled by any beneficiary designation under the distributing plan and that the IRA trustee may establish a default beneficiary designation to such IRA. This default beneficiary designation will be effective until the IRA account owner makes an affirmative designation under the terms of this IRA. Accordingly, the default beneficiary designation established by Centier Bank for this IRA shall be as follows:

After Centier Bank has been notified of the death of the account owner, and such fact is verified to Centier Bank’s satisfaction, distribution of the remaining assets in this IRA shall be distributed 100% to the spouse of the account owner, or if there is no spouse surviving or if the account owner was never married, distribution shall be to the account owner’s estate.

*\* Indicates required information*

Continued on back.

**Acknowledgement and Signature (please read and sign)**

This Automatic Rollover Safe-Harbor-IRA® is being established pursuant to Section 657(c) of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) under which the fiduciary of an employee benefit plan subject to Title I of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, will be deemed to have satisfied his or her fiduciary duties under Section 404(a) of ERISA in connection with an automatic rollover of a mandatory distribution described in Section 401(a)(31)(B) of the Internal Revenue Code of 1986, as amended. As fiduciary of the plan sponsor, Centier Bank acknowledges that he or she has read and understood the Trust Agreement and Disclosure Statement, and acknowledges that this IRA will satisfy all of the safe harbor provisions of Section 657(c) of EGTRRA and the requirements noted therein, including the requirements relating to fees the trustee may charge, permitted investment of funds deposited, waiver of USA Patriot Act/CIP compliance and non-transfer of current beneficiary designations from the distributing plan.

I certify that all information contained on this form, and the documentation provided to confirm my identity is true and complete. I hold Centier Bank harmless for all claims that might arise from my actions relating to this account.

**\*IRA Owner Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

*(To be completed when the former participant/IRA owner first contacts the trustee)*

**PLEASE ATTACH A COPY OF YOUR VALID GOVERNMENT IDENTIFICATION.**

**Notary Acknowledgment (to be completed by Notary Public)**

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

SEAL: