

RETIREMENT ACCOUNT APPLICATION

Account Number	Open Date	Broker Rep Code
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Retirement Account Type

Please select the type of account you would like to open (choose one):

- Traditional IRA**
 Rollover IRA
 SEP IRA (Include IRS Form 5305 SEP)
 SIMPLE IRA (Include either IRS Form 5304 SIMPLE or 5305 SIMPLE)
 Roth IRA
 Delaware Charter (401(K) MPP/PSP)
 Beneficiary (Please specify)
 Roth
 IRA

Account Owner Information

Name		Social Security Number	
Permanent Street Address (Required Information - cannot be a P.O. Box)		City	State Zip
Mailing Address (If different from permanent address)		City	State Zip
Birth Date (mm/dd/yyyy)	Gender	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Country or Province of Residence Country or Province of Citizenship
Home Phone	Business Phone	Cell/Other Phone	Fax E-mail Address
Dependents	Home <input type="checkbox"/> Own <input type="checkbox"/> Rent	Estimated Account Value <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$25,000 to \$49,999 <input type="checkbox"/> \$200,000 to \$499,999 <input type="checkbox"/> \$10,000 to \$24,999 <input type="checkbox"/> \$50,000 to \$199,999 <input type="checkbox"/> Over \$500,000	
Government ID: Type	ID#	Exp. Date (mm/dd/yyyy)	State/Country of Issuance

Employment Information

Employer	Nature of Business	Yrs. Employed	Occupation
Business Address	City	State	Zip Code
Are you or a member of your household affiliated with or employed by a member of, or employed directly by a stock exchange or the Financial Industry Regulatory Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or a member of your household licensed by the Financial Industry Regulatory Authority or a Registered Investment Advisor and using the license or registration in a professional sales, trading or customer service capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or a member of your household a director, 10% shareholder or policy making officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "Yes" to any of the questions above please provide more information on the affiliation (e.g. affiliated company name, nature of affiliation, etc.)			
Are you or any member of your immediate family a senior foreign political figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Beneficiary Information

I understand that this Designation of Beneficiary will be effective on the date received by Principal Trust Company dba Delaware Charter Guarantee and Trust (DCG&T), COR, or My Investment Firm. This Designation of Beneficiary will remain in full force and effect until such time as DCG&T, COR or My Investment Firm is actually in receipt of a written revocation or change of beneficiary signed by me and in such form and substance as DCG&T or COR deems necessary to effect the change. If I change the beneficiaries, all previous designated beneficiaries no longer have the right to receive benefit under this Agreement.

Name & Address	Relationship	Gender	Birth Date %o ff //++	Social Security Number	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Spousal Consent

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital Property State and the IRA holder is married. Because of the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I am not married. I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.
 I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

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

Spouse Signature _____	Date _____	Witness Signature _____	Date _____
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Account Investment Profile				
Annual Income	Net Worth (excluding residence)	Liquid Net Worth	Tax Bracket	Time Horizon
<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 (please specify) _____	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$3,000,000 <input type="checkbox"/> Over \$3,000,000 (please specify) _____	<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$3,000,000 <input type="checkbox"/> Over \$3,000,000 (please specify) _____	<input type="checkbox"/> 0% <input type="checkbox"/> 15% <input type="checkbox"/> 28% <input type="checkbox"/> 31% <input type="checkbox"/> 38% <input type="checkbox"/> Above 38% <input type="checkbox"/> Other _____	<input type="checkbox"/> Short Term – Less than 1 yr. <input type="checkbox"/> Intermediate – 1 – 10 yr. <input type="checkbox"/> Long Term – More than 10 yr.

Investment Objective	Investment Experience	Risk Exposure	Investment Knowledge
<input type="checkbox"/> Current Income Preservation of capital with a primary consideration on current income. <input type="checkbox"/> Balanced A balance between capital appreciation and current income with the primary consideration being current income. <input type="checkbox"/> Growth & Income A balance between capital appreciation and current income with the primary consideration being capital appreciation. <input type="checkbox"/> Growth Capital appreciation through quality equity investments and little or no income. <input type="checkbox"/> Maximum Growth Maximum capital appreciation with higher risk and little to no income. <input type="checkbox"/> Speculation Maximum total return involving a higher degree of risk through investment in a broad spectrum of securities	<input type="checkbox"/> Mutual Funds (yrs _____) <input type="checkbox"/> Variable Products (yrs _____) <input type="checkbox"/> Bonds (yrs _____) <input type="checkbox"/> Stocks (yrs _____) <input type="checkbox"/> Options (yrs _____) <input type="checkbox"/> Other (please specify) _____ yrs _____ <input type="checkbox"/> Annuities/Life Insurance (yrs _____) <input type="checkbox"/> None	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive <input type="checkbox"/> Speculative	<input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		Source of Account Funding	
		<input type="checkbox"/> Investments <input type="checkbox"/> Compensation <input type="checkbox"/> Retirement Assets <input type="checkbox"/> Gift <input type="checkbox"/> Donations <input type="checkbox"/> Insurant Payout <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Inheritance <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Spouse/Parent <input type="checkbox"/> Lottery/Gaming <input type="checkbox"/> Business Revenue <input type="checkbox"/> Sale of Business Property

Account Handling	Dividend Standing Instructions
Money Fund Instructions <input type="checkbox"/> Insured Deposits (no minimum) <input type="checkbox"/> COR Insured Deposit (DLD) Retail Class \$50,000 minimum <input type="checkbox"/> Consult your investment firm for available options (please specify) _____ Treasury Class \$100,000 minimum <input type="checkbox"/> Consult your investment firm for available options (please specify) _____ Institutional \$5,000,000 minimum <input type="checkbox"/> Consult your investment firm for available options (please specify) _____ Other _____ <input type="checkbox"/> Other (please specify) _____	1) <input type="checkbox"/> Dividends paid in cash Or: 2) <input type="checkbox"/> Dividends reinvested* *Not applicable for all asset classes. Please consult your investment firm for reinvest criteria _____ Liquidity Needs The timeframe to convert the account to cash without experiencing significant loss in value from the lack of a ready market. <input type="checkbox"/> Less Than One Year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 10 to 15 years <input type="checkbox"/> Over 15 years <input type="checkbox"/> Liquidity Needs Not Applicable

Please Read and Sign Below

W-9 Certification Under penalties of perjury, I certify that:
 1) The taxpayer identification number shown above on this form is my correct taxpayer identification number.
 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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, and
 3) I am a U.S. Person, including a U.S. resident alien (defined in the W9 Instruction which will be provided upon request)

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return

Non-Resident Alien: I declare if I am a non-resident alien that I have "earned income" actually and actively earned within the United States. "Earned Income" does not include, among other things, money earned from property, interest, or dividend income or money received from a pension or annuity, as deferred incentives.

I am establishing an Individual Retirement Account (IRA) Plan under DCG&T's Prototype IRA and Custodial Agreement, which has been given to me. I understand that the account is subject to rules and regulations of the Internal Revenue Service (IRS) and that the funding of the account may have significant tax and financial consequences. I accept the responsibility for the information contained in this application and affirm such information is true and correct.

This application provides for the deposit of funds or securities into the account. I understand that the funding of this account is subject to the rules and regulations of the IRS and that my failure to abide by such rules and regulations may have important and possible irrevocable tax and financial consequences. I attest that the funding information provided is true and correct, and authorize DCG&T, COR or My Investment Firm to deposit funds or security transfers according to rules that govern qualified accounts. I assume responsibility for funding and distribution transactions. Should I purchase any off-the-books-held position, the original purchase price will be used as value at the time of distribution if no price can be obtained. I agree to indemnify and hold harmless DCG&T, COR and My Investment Firm from any and all liability for damages resulting from any action taken pursuant to this Agreement.

I hereby request that COR Clearing LLC ("COR") and My Investment Firm open an account in the name(s) listed as account owner(s) on this application.

By signing below, I acknowledge that I have received, read, understand and agree to be bound by the terms & conditions as set forth in the Customer Agreement ("Customer Agreement") as currently in effect and as amended from time to time. I represent that I am of required legal age to enter into this Agreement. I understand and acknowledge that COR does not provide investment, tax, legal, accounting, financial or other advice.

Please Note: COR and/or My Investment Firm will verify information provided on this form through a third-party provider in accordance with the USA Patriot Act.

BY MY SIGNATURE ON THE ACCOUNT APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE TERMS SET FORTH IN THE FOREGOING AGREEMENT, AND THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE AT SECTION 28 OF PAGE 3.

Signature	Date	Custodial Acceptance	Date
Broker Signature	Date	General Principal	Date