

# STARTER KIT APPLICATION

## INHERITED IRA

Date of death after 1-1-2020

### Step 1

#### Open Your Account

- Mail a certified death certificate copy to Quest Trust Company for verification.
- When submitting your application, include a valid copy of a government issued photo ID, such as a driver's license or passport.
- Beneficiary Election Form: Make your election to establish an Inherited IRA or a new IRA, if you are the spouse and intend to treat the account as your own.
- Choose a fee schedule that works best for you and select a payment option.
- List your beneficiaries. If you have a spouse and they are not the primary beneficiary, they may need to sign the spousal consent section.
- Sign and date the Signature and Acknowledgement.

**Reminder:** If the IRA owner dies before the required beginning date and the 10-year rule applies, no distribution is required for any year before the 10th year, but all assets must be distributed no later than December 31st of the tenth year following the date of death.

### FORMS COMPLETED?

Submit your documents electronically through the secured document upload. Simply use the link below or scan the QR code!

[UPLOAD.QUESTTRUSTCOMPANY.COM](https://upload.questtrustcompany.com)



# Designated Beneficiary Election

## INSTRUCTIONS

Use this form if IRA Owner passed away on or **after January 1, 2020**. Please include the following with this Election Form:

1. A certified copy of the IRA Owner's Death Certificate; and
  2. The prior year December 31st statement balance for the account being inherited, if the IRA Owner's account was not at Quest Trust Company (QTC).
- If there is more than one beneficiary, each beneficiary must complete his or her own Designated Beneficiary Election form.

Note: Failure to make an election, including providing a qualified disclaimer may result in personal distribution in last known value of the decedent's account to the beneficiary. This distribution may be taxable.

## IRA OWNER INFORMATION (Decedent/Grantor)

<b>IRA Owner's Name:</b>	<b>Account Number:</b>
<b>Date of Birth:</b>	<b>Date of Death:</b>

## BENEFICIARY INFORMATION

<b>Name:</b>	<b>Date of Birth:</b>
<b>Relationship to IRA Owner:</b>	<b>Legal Address:</b>
<b>Social Security Number / EIN for Trust or Estate:</b>	<b>Primary Phone Number:</b>

## SPOUSE AS SOLE BENEFICIARY OPTIONS *(Spouses who are not sole beneficiaries, please complete non-spouse section)*

- Treat as my own IRA and create new account *(attach Adoption Agreement)*
- Treat as my own IRA and transfer funds to my existing QTC account # \_\_\_\_\_ \*
- Establish an Inherited IRA *(attach Adoption Agreement)*
- Distribution Options:
- Single Life Expectancy payments based on Beneficiary's life must begin by no later than December 31st of the year following the year of IRA Owner's death
  - Deferred Single Life Expectancy payments based on Beneficiary's life must begin by no later than December 31st of the year the IRA Owner would have reached age 72
  - 10-Year Rule: no yearly Required Minimum Distributions (RMDs) are required, but all assets must be distributed no later than December 31st of the tenth year following the date of death
  - Lump Sum Distribution and closure of account *(attach Distribution Form)*
  - Disclaim all or part of IRA (provide timely and valid disclaimer)

\*Note: If you are transferring the account to a different custodian, please contact your current custodian to initiate the transfer-out. If the transfer out involves in-kind assets, please ensure that your current custodian can hold these non-traditional assets.

## NON-SPOUSE INDIVIDUAL BENEFICIARY OPTIONS

- Establish an Inherited IRA *(attach Adoption Agreement)*
- Distribution Options:
- 10-Year Rule: If the IRA owner dies before the required beginning date and the 10-year rule applies, no distribution is required for any year before the 10th year, but all assets must be distributed no later than December 31st of the tenth year following the date of death
  - Single Life Expectancy payments based on Beneficiary's life must begin by no later than December 31st of the year following the year of IRA Owner's death. **To qualify for this option you must be an Eligible Designated Beneficiary, please identify the reason for your eligibility:**
    - Disability
    - Chronically Ill
    - You are within 10 years of the decedent's age
    - Decedent's Minor Child (please note the 10-Year Rule will apply upon majority)
  - Lump Sum Distribution and closure of account *(attach Distribution Form)*
  - Disclaim IRA (provide timely and valid disclaimer)

**Note: A spouse beneficiary that is not the sole designated beneficiary may take a distribution from the IRA Holder's IRA and roll in to his or her own IRA within 60 days. The one-per-year rollover rule applies.**

# Designated Beneficiary Election

## NON-SPOUSE NON-INDIVIDUAL BENEFICIARY OPTIONS

IRA Owner died before the Required Beginning Date (April 1st of the year following the year the IRA owner turned age 72)  
or if the IRA Owner's account was a Roth IRA

- Establish an Inherited IRA (*attach Adoption Agreement*)  
Distributions will be based on the Five-Year Rule: no yearly Required Minimum Distributions (RMDs) are required, but all assets must be distributed no later than December 31st of the fifth year following the date of death
- Lump Sum Distribution and closure of account (*attach Distribution Form*)
- Disclaim IRA (*provide timely and valid disclaimer*)

IRA Owner died after the Required Beginning Date (April 1st of the year following the year the IRA owner turned age 72)

- Establish an Inherited IRA (*attach Adoption Agreement*)  
Distributions will be based on the remaining term of the Single Life Expectancy of the IRA Owner (Decedent)
- Lump Sum Distribution and closure of account (*attach Distribution Form*)
- Disclaim IRA (*provide timely and valid disclaimer*)

## SIGNATURE OF BENEFICIARY

I acknowledge that I have read and completed this form. I acknowledge that QTC has provided no information or advice on which I may rely as the primary basis for my election. Further, I acknowledge that QTC has not made any representation to me regarding tax or any other effects of my election or instruction on this form. I expressly confirm, and by signing below, I acknowledge, that none of QTC's agents, employees, or affiliates has made or is making a recommendation, or has provided or is providing investment advice of any kind whatsoever. I direct QTC to follow the elections or instructions I have made on this form, and I agree that QTC and its agents and employees have no liability for any action or inaction taken by them in reliance upon such elections or instructions.

**Beneficiary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ANNUAL ADMINISTRATION FEE PLAN (Please choose one option. If left blank, default is Option Two.)

Note: Accounts with zero balance, no open investments, or just cash will be assessed a \$30 quarterly fee. Accounts that hold investments will be subject to one of the fee options below.

**Option One:** Fee Based on Number of Assets

\$350 flat fee per asset per year

*(Due at time of funding and on the anniversary date thereafter. This fee is not prorated.)*

**Option Three:** Gold Family Concierge Service\*

\$3,000 flat annual fee

*(All fees included except wire, special services, asset research, and overnight fees)*

*\*Up to 10 accounts for account holder and immediate family.*

**Option Two:** Fee Based on Total Account Value:  
*(Fee based on account value at billing quarter's end, including cash.)*

Total Account Value		Quarterly Fee
\$0	\$4,999.99	\$29.75
\$5,000	\$9,999.99	\$41.75
\$10,000	\$14,999.99	\$58.50
\$15,000	\$29,999.99	\$75.00
\$30,000	\$44,999.99	\$97.50
\$45,000	\$59,999.99	\$112.50
\$60,000	\$89,999.99	\$135.00
\$90,000	\$124,999.99	\$157.50
\$125,000	\$249,999.99	\$195.00
\$250,000	\$499,999.99	\$232.50
\$500,000	\$749,999.99	\$450.00
\$750,000 and up		\$555.00

## ACCOUNT OPENING FEE

One-Time Account Opening Fee \$100

## TRANSACTION FEES (Fees below are only assessed when the associated transaction occurs)

**Service Fees:**

Purchase, sale, exchange or re-registration of any Asset	\$125	Roth Conversion of Cash	\$0
Non-recourse Loan	\$95	Roth Conversion of Asset	\$125
Asset Research (Valuation Research, Late Valuations, Late Documentation)	\$75		

**Outgoing Movement of Funds:**

ACH Transfer	\$0	Cashier's or Other Official Bank Check	\$10
Check	\$5	Returned Item or Stop Payment Request	\$30
Wire Transfer	\$30		

**Other Fees:**

Special Services (hourly fee)	\$150	USPS Regular Mail	\$0
Paper Statements	\$10	USPS Trackable Mail	\$10
Late Fee	\$25	Overnight Mail	\$35

I elect to pay fees by:  Always charge my credit card  Only charge my credit card if there are no available funds in my account  
 Visa  MC  Amex  Discover

Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Note: \_\_\_\_\_ Coupon Code: \_\_\_\_\_

**DISCLOSURES:**

This Fee Schedule shall be incorporated into the Custodial Agreement. Quest Trust Company (QTC) reserves the right to change all or part of the Custodial Fee Schedule at its discretion with thirty (30) days advance notice. If no fee plan is selected, I understand my account will be billed according to Option Two ("Fee based on Total Account Value") and fees will automatically be withdrawn from Undirected Cash in my account unless credit card is selected above.

**BILLING CYCLE:** Transaction fees are billed at the time service is rendered. Administrative fees are due upon asset purchase and every year thereafter OR are billed on quarterly basis.

**SPECIAL SERVICES FEE:** Special Services, such as research of closed accounts, legal research, and additional processing time for complex transactions. This fee is charged hourly.

**LATE FEES:** Assessed thirty (30) days after fees are past due. Late fees will be assessed every thirty (30) days thereafter until payment in full is received by QTC. Late fees will not exceed \$100. Additionally, QTC may liquidate assets from the account, without notice, for any outstanding fee that has not been paid. QTC reserves the right to begin the process of closing delinquent accounts. I understand that any asset distributed directly to me as part of closing my account will be reported to the IRS on Form 1099 and may subject me to possible taxes and penalties. I agree that accounts with past due fees, unfunded accounts, and accounts with zero value will continue to incur administration fees until QTC receives proper notice and documentation (if necessary) to close my account, or until QTC resigns.

**CUSTODIAN'S FEES:** QTC, as Custodian, shall be entitled to receive, from the assets held in the account, a fee equal in amount to all income that is generated from any undirected cash which has been deposited by QTC into FDIC or other United States government insured financial institutions, United States government securities, or securities that are insured or guaranteed by the United States government.

**PLEASE PRINT, SIGN AND SEND THIS FORM TO THE QUEST TRUST COMPANY OFFICE.**

Update Fee Schedule for all accounts

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

## INSTRUCTIONS

Thank you for your interest in establishing an account with Quest Trust Company (QTC). Please complete the form below, sign, and return with signatures to our office or by uploading to **Upload.QuestTrustCompany.com**

We will need the following items:  
Adoption Agreement  
Photocopy of Government Issued ID

For office use only:

Account Number: \_\_\_\_\_  
Copy of Gov. Issued ID

## A ACCOUNT TYPE

- Traditional IRA     
  SEP IRA (attach completed employer plan documents)     
  Inherited Traditional IRA (attach Beneficiary Election Form)  
 Roth IRA     
  SIMPLE IRA (attach completed employer plan documents)     
  Inherited Roth IRA (attach Beneficiary Election Form)  
 Health Savings Account (check one):   
  Self Only Coverage     
  Family Coverage

## B ACCOUNT HOLDER PERSONAL INFORMATION

<b>Legal Name:</b>		
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Marital Status:</b> <input type="radio"/> Married <input type="radio"/> Not Married
<b>Mobile Phone Number:</b>	<b>Secondary Phone Number:</b>	<b>E-mail Address:</b>
<b>Legal Address (Must not be P.O Box):</b>		<b>City, State, Zip Code:</b>
<b>Mailing Address (if different):</b>		<b>City, State, Zip Code:</b>

## AUTHORIZED PERSON *(Complete this section if the IRA owner is a minor)*

The Minor's parent or legal guardian must sign the IRA application and submit a copy of a government issued ID on behalf of the minor. QTC will only accept instructions from the parent or legal guardian who signed the IRA application. Once the IRA owner reaches age of majority, he or she must complete additional forms to take control of the IRA.

<b>Name of Authorized Person:</b>	<b>Phone Number:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Legal Address (Must not be P.O Box):</b>	<b>City, State, Zip Code:</b>

## C INTERESTED PARTY DESIGNATION *(Optional)*

I hereby authorize the Interested Party designated below to receive unlimited information about my account. The Interested Party will not be able to make any changes to the account. I understand that QTC will not accept transaction instructions or account management changes from this individual.

I agree that this Interested Party Designation will remain in effect until I submit a new Interested Party Designation form removing the designated party. I agree to indemnify and hold harmless QTC, its affiliates, officers, and employees against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Interested Party Designation. This indemnity and hold harmless provision shall survive any termination of the Interested Party Designation.

<b>Name of Interested Party:</b>	<b>Company Name (if applicable):</b>
<b>Legal Address (Must not be P.O Box):</b>	<b>City, State, Zip Code:</b>
<b>Phone Number:</b>	<b>E-mail Address:</b>

## D BENEFICIARY DESIGNATION

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If all of my designated beneficiaries disclaim the account or predecease me, the balance in the account shall be paid in accordance with the Custodial Agreement.

# Adoption Agreement

Note: For individual beneficiaries, please provide the name, Social Security number, date of birth, and relationship to you for each beneficiary. For estates, trusts or other entities please provide the exact name or title of the entity, the tax identification number, and the date of inception (if available). Although all fields are not required, we ask you provide as much information as possible to help ensure that after your death we are able to properly identify your beneficiaries.

<input type="radio"/> Primary  <input type="radio"/> Contingent  _____ Designated Percentage	<b>Beneficiary's Name:</b>	<b>Relationship:</b>
	<b>Date of Birth:</b>	<b>Social Security Number:</b>
	<b>Mailing Address:</b>	<b>City, State, Zip Code:</b>
	<b>Mobile Phone Number:</b>	<b>E-mail Address:</b>
	<b>Beneficiary is:</b> <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	
	<b>Beneficiary's Name:</b> <b>Relationship:</b>	
<input type="radio"/> Primary  <input type="radio"/> Contingent  _____ Designated Percentage	<b>Date of Birth:</b>	<b>Social Security Number:</b>
	<b>Mailing Address:</b>	<b>City, State, Zip Code:</b>
	<b>Mobile Phone Number:</b>	<b>E-mail Address:</b>
	<b>Beneficiary is:</b> <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	
	<b>Beneficiary's Name:</b> <b>Relationship:</b>	
	<input type="radio"/> Primary  <input type="radio"/> Contingent  _____ Designated Percentage	<b>Date of Birth:</b>
<b>Mailing Address:</b>		<b>City, State, Zip Code:</b>
<b>Mobile Phone Number:</b>		<b>E-mail Address:</b>
<b>Beneficiary is:</b> <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)		
<b>Beneficiary's Name:</b> <b>Relationship:</b>		
<input type="radio"/> Primary  <input type="radio"/> Contingent  _____ Designated Percentage		<b>Date of Birth:</b>
	<b>Mailing Address:</b>	<b>City, State, Zip Code:</b>
	<b>Mobile Phone Number:</b>	<b>E-mail Address:</b>
	<b>Beneficiary is:</b> <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	
	<b>Beneficiary's Name:</b> <b>Relationship:</b>	

**SPOUSAL CONSENT (Only required if spouse is not primary beneficiary in community property state)**  
 If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI residents only) and you named someone other than your spouse as primary beneficiary or your spouse is not 100% primary beneficiary, this section must be completed. The Custodian disclaims any warranty as to the effectiveness of the Account Holder's beneficiary designation or as to the ownership of the account after the death of the Account Holder's spouse. For additional information, please contact your legal advisor.  
 I am the spouse of the account owner and I consent to the named beneficiaries other than or in addition to myself.

**Signature of Spouse:** \_\_\_\_\_ **Date** \_\_\_\_\_

## E ACCOUNT FUNDING INFORMATION

**How will you fund your account:**

Annual Contribution  
 Contribution Year: \_\_\_\_\_

Transfer from another IRA

Direct Rollover  
 Rollover from Employer Sponsored Plan

IRA Rollover

## F ACKNOWLEDGMENT AND AGREEMENT TO TERMS

**Name of Custodian:** The Custodian for my account is Quest Trust Company ("QTC"). I understand that the Custodian may resign by giving me written notice at least 30 days prior to the effective date of such resignation. I understand that if I fail to notify the Custodian of an appointment of a successor trustee or custodian within such 30 day period, then the assets held by the Custodian in my account (whether in cash or personal or real property, wherever located and regardless of value) will be distributed to me outright and free of trust; and I will be wholly responsible for the tax consequences of such distribution. I understand that within seven (7) days from the date that I sign this Adoption Agreement, I may revoke my account and close it without a penalty by mailing or delivering a written notice to the Custodian in accordance with the procedure outlined in the Disclosure Statement.

**USA Patriot Act Notice:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To comply with the USA PATRIOT ACT, I understand that when I open an account, QTC, the Custodian, will ask for my name, address, date of birth, and other information that will allow the company to identify me. QTC may also ask to see my driver's license or other identifying documents. I understand that if QTC is unable to verify my identity, the company reserves the right to deny my application.

**Contact Information:** I understand that QTC will rely on the personal information provided above to make contact with me or provide me with important notices and correspondence. Any notices or correspondence sent to the above address will be deemed valid, unless QTC receives written notice that the information has changed. I agree to provide QTC with written notice of any updates to my personal information, as such changes occur.

**No Tax, Legal, Structuring or Investment Advice:** I acknowledge that the Custodian does not provide or assume responsibility for any tax, legal, structuring or investment advice with respect to the investments and assets in my account, and will not be liable for any loss which results from my exercise of control over my account. I understand that my account is self-directed, and I take complete responsibility for any investments I choose for my account. I further understand that the Custodian does not sell or endorse any investment products. If the services of the Custodian were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way agents, employees, representatives, affiliates, partners, independent contractors, consultants, or subsidiaries of the Custodian, and that the Custodian is not responsible for and are not bound by any statements, representations, warranties or agreements made by any such person or entity. I agree to consult with my own CPA, attorney, financial planner, or other professional prior to directing the Custodian to make any investment in my account.

**Prohibited Transactions:** I understand that my account is subject to the provisions of Internal Revenue Code (IRC) Section 4975, which defines certain prohibited transactions. I acknowledge and agree that the Custodian will not make any determination as to whether any transaction or investment in my account is prohibited under IRC Sections 4975, 408 or 408A, or under any other state or federal law. I accept full responsibility to ensure that none of the investments in my account will constitute a prohibited transaction and that the investments in my account comply with all applicable federal and state laws, regulations and requirements, and are appropriate investments for my account.

**Unrelated Business Income Tax:** I understand that my account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Taxable Income (UBTI) of tax-exempt organizations. I agree that if I direct the Custodian to make an investment in my account and that generates UBTI, I will be responsible for preparing or having the IRS Tax form 990-T prepared; applying for an Employer Identification Number (EIN) for my account; and gathering any other documents that may be required, and to submit them to the Custodian for filing with the Internal Revenue Services (IRS). This information must be provided to the Custodian at least ten (10) days prior to the date on which the return is due. Additionally, I acknowledge that I am responsible for providing the appropriate directives authorizing the Custodian to execute the tax forms on behalf of my account and to pay the applicable taxes from the assets within my account. I understand that the Custodian does not make any determination of whether or not investments in my account will generate UBTI; have the duty to nor do they monitor whether or not my account has incurred UBTI; will not provide tax advice; and will only file the Form 990-T upon my direction.

**Fair Market Valuations:** I understand that the assets in my account are required to be valued annually at the end of each calendar year in accordance with IRC Section 408(i) and other guidance provided by the IRS, and that the total value of my account will be reported to the IRS on Form 5498 each year. I agree to provide the year end value of any illiquid and/or non-publicly traded investments; these assets may include without limitation limited partnerships, limited liability companies, privately held stock, real estate investment trusts, hedge funds, real estate, secured and unsecured promissory notes, and any other investments as the Custodian shall designate. Submission of the valuation shall be delivered to the Custodian no later than May 1st of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian from any and all losses, expenses, settlements, or claims with regard to investment decisions, distribution values, tax reporting or any other financial impact or consequence relating to or arising from the valuation of assets in my account.

**Indemnification:** I agree that the Custodian has no duty other than to follow my written instructions, and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my account under any circumstances. I understand that the Custodian is acting only as my agent, and nothing will be construed as conferring fiduciary status on the Custodian. I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses, (including reasonable attorneys' fees) and any loss to my account as a result of any action taken (or omitted to be taken) pursuant to and/or in connection with any investment transaction directed by me or my investment advisor or resulting from serving as the Custodian including, without limitation, claims, damages, liability, actions and losses asserted by me.

**Electronic Communications, Signatures, and Records:** I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the State where the Custodian is organized (Texas Uniform Electronic Transactions Act), and the Federal Signatures in Global and National Commerce Act (ESIGN ACT, as contained in 15 U.S.C. 7001) as those laws pertain to electronic communication, electronic signatures, and electronic storage of custodial account records. I understand that, in lieu of the retention of the original records, the Custodian may cause any, or all, of their records, and records at any time in their custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original.

**Responsibility for determining eligibility and tax consequences:** I assume complete responsibility for (1) determining that I am eligible to make a contribution to my account; (2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and (3) calculating the tax consequences resulting from any contribution (including a rollover contribution) and distributions.

**No FDIC Insurance for Investments:** I recognize that investments purchased and/or held within my account: (1) are not insured by the Federal Deposit Insurance Corporation (FDIC); (2) are not a deposit or other obligation of, or guaranteed by the Custodian; and (3) are subject to investment risks, including possible loss of the principal amount invested.

**Incorporation of the Custodial Account Agreement:** I acknowledge that the terms of the Custodial Account Agreement for my account are deemed to be included in and made a part of this Adoption Agreement.

## G PRIVACY POLICY

**Why are we providing this notice?** As the Custodian of your self-directed account, Quest Trust Company ("QTC" or "Company") is mandated by federal law to disclose how we collect, share, and protect your personal information. The Gramm-Leach-Bliley Act of 1999 ("GLBA") specifies the requirements for notifying customers of privacy notices at the time the customer relationship is established an annually thereafter.

### What types of information are we collecting?

Generally, we collect your personal information when you open an account, provide updated contact information, process a transaction, or information we receive from you on other forms. Examples of the information we collect are as follows:

- Name
- Social Security number
- Date of birth
- Personal identification numbers (e.g. driver's license or passport)
- Address
- Account balance
- Transaction history
- Credit card information

In order to conduct everyday business, it is the policy of our Company to disclose your personal information to Company personnel and third parties in the following instances:

1. As needed to process your transactions;
2. As needed to maintain your account(s);
3. In order to market our products and services to you;
4. To comply with a request for information by you or an authorized user on your account;
5. To comply with a request for information made by court order or subpoena;
6. To comply with a request for information made by federal, or state, banking or other regulatory authorities having an official interest in examination and supervision of the Company; and
7. When working with third-party service providers such as for trust accounting functions, data processing, recordkeeping, and mailing services.

Third-party service providers contracted by QTC are acting on behalf of our company and are obligated to keep the information that we provide to them confidential. **QTC DOES NOT PROVIDE CUSTOMER INFORMATION WITH UNAFFILIATED THIRD PARTIES THAT DO NOT PROVIDE TRUST SERVICES.**

**How are we protecting your information?** To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards, secured files, and secured buildings.

We restrict access to non-public personal information to those employees and service providers who need to know that information to provide products and services to you.

**Usage of the Client Portal:** QTC ensures that any online information provided by you through the Company's website is kept private and secured by encryption technology. The Company does not attempt to collect, combine, or use personal identifiable information to determine who is interacting through the Company's website. The Company does gather and analyze data regarding the use of the website such as number of visits to the website, pages visited, length of the user's session, etc., to evaluate the usefulness of the site.

QTC reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us using the contact information indicated on this form.

# Adoption Agreement

## H ACCOUNT HOLDER SIGNATURE

Under penalties of perjury, I certify that the above information (including my Social Security number) is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the Custodial Account document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to the Individual Retirement Account. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary that is a trust, I understand I must provide certain information concerning such trust to the Custodian.

**Signature:** \_\_\_\_\_

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

## I QUEST TRUST COMPANY ACCEPTANCE *(for office use only)*

Quest Trust Company agrees to serve as Custodian for the account of the above named individual.

Quest Trust Company Acceptance Signature: \_\_\_\_\_

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

**Title:** \_\_\_\_\_