



Truist Investment Services, Inc.

INTERNAL USE ONLY

Rep#			Branch Prefix / Account Number		
C	7	P			

ACCOUNT CONSENT & DISCLOSURE CONTRACT (Private Label Individual Retirement Account)

Account Type: (Select one only)

- Traditional IRA
 Roth IRA
 Rollover IRA
 SEP IRA¹
 SIMPLE IRA^{2&3}
 IRA Beneficiary Distribution Account
 Roth IRA Beneficiary Distribution Account

Investment Objective: Rank your investment objectives for this account in order of importance, 1 being the highest.
Review Section 33 of the Customer Agreement for important information on Investment Objectives and Certain Risks.

___ Preservation of Capital ___ Income ___ Capital Appreciation 1 Growth & Income ___ Speculation ___ Trading Profits

Risk Tolerance: ___ Conservative ___ Moderately Conservative Moderate ___ Moderately Aggressive ___ Aggressive

Net Worth: \$ _____ **Income:** \$ _____ **Investable Assets:** \$ _____ **Assets Held Away:** \$ _____

Owner Information

Primary Owner Name _____

Date of Birth _____ **Phone** _____ **Email** _____

Physical/Legal Address _____

(Cannot be a P.O. Box or Mail Drop)

City _____ **State** _____ **Zip Code** _____

Additional Parties (Applicable Stakeholder Types: Power of Attorney⁴, Additional Authorized Individual, Guardian, Conservator, Trustee, or Executor)
Complete this section to provide information for the custodian of a minor or the guardian or conservator of the IRA owner name in the above section.

Stakeholder Type _____ Name 1 _____ Phone _____ Email _____

Stakeholder Type _____ Name 2 _____ Phone _____ Email _____

Stakeholder Type _____ Name 3 _____ Phone _____ Email _____

By signing this agreement I/we acknowledge that I/we have received, read, understand all disclosures and agree to the terms contained in pages 1-97 of the agreement, which contain the legal rights of the parties including, but not limited to, the terms and conditions contained within the arbitration clause appearing in the Brokerage Account Customer Agreement. I/we have received the Form CRS. I/we have received the Truist Investment Services, Inc. Investing Guide. I/we have received the Truist Sweep Program Disclosure Statement. I/we have received the Trusted Contact Authorization Disclosure. You will open this account at my/our direction and then provide me/us with copies of the related Owner and Account information and Disclosures (including fees and interest changes for financial instruments or transactions). When I/we receive the account Welcome Kit, I/we agree to promptly review and advise you if any of the Owner or Account information is not accurate or becomes inaccurate. I/we understand that you will rely on the information, it is my/our responsibility to provide accurate and timely updates, and my/our failure to do so may impact recommendations given to me/us related to investments in my/our accounts.

Account and product specific forms required:

- ¹ IRS Form 5305
- ² IRS Form 5304

³ Client Account Questionnaire (manual account opening)

⁴ Durable Power of Attorney(POA) Indemnification and Affidavit, and POA Document

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IRA Beneficiary Distribution Account Information (Only required for IRA BDA and Roth IRA BDA accounts)

Original Depositor Information

Name _____ SSN/TAXID _____
 DOB _____ DOD _____

Funding Instructions

Note: Upon transfer of assets to multiple beneficiaries, all residual income paid to the decedent's IRA and any fractional shares that cannot be divided equally among the beneficiaries will be systematically allocated to the beneficiary receiving the largest share proportion of the IRA assets. If the IRA is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last beneficiary paid.

Transfer from an existing Private Label IRA or Private Label IRA BDA Include a copy of the decedent's death certificate.

Decedent's Private Label IRA or IRA BDA Account Number

DESIGNATION OF BENEFICIARY(IES)

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. Before making a per stirpes designation, consult with an estate-planning attorney. By checking the per stirpes box, you are agreeing that if the specified beneficiary(ies) predeceases you, his or her share of the account will pass through to his or her descendants. Per stirpes will be construed and defined according to the laws of the Commonwealth of North Carolina in force at the time of death of the depositor. The total percentage designated for primary and, if applicable, contingent beneficiaries must equal 100%. The balance in the account will be payable to these contingent beneficiaries if all primary beneficiaries have predeceased the IRA owner.

PRIMARY Beneficiaries

NAME OF BENEFICIARY Spouse Non-Spouse Trust
 SOCIAL SECURITY NO. TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy
 COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE
 NAMES OF TRUSTEES *if applicable* Per Stirpes

NAME OF BENEFICIARY Spouse Non-Spouse Trust
 SOCIAL SECURITY NO. TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy
 COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE
 NAMES OF TRUSTEES *if applicable* Per Stirpes

NAME OF BENEFICIARY Spouse Non-Spouse Trust
 SOCIAL SECURITY NO. TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy
 COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE
 NAMES OF TRUSTEES *if applicable* Per Stirpes

CONTINGENT Beneficiaries

NAME OF BENEFICIARY Spouse Non-Spouse Trust
 SOCIAL SECURITY NO. TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy
 COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE
 NAMES OF TRUSTEES *if applicable* Per Stirpes

NAME OF BENEFICIARY Spouse Non-Spouse Trust
 SOCIAL SECURITY NO. TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy
 COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE
 NAMES OF TRUSTEES *if applicable* Per Stirpes

NAME OF BENEFICIARY Spouse Non-Spouse Trust
 SOCIAL SECURITY NO. TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy
 COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE
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FOR ADDITIONAL BENEFICIARIES REPRINT THIS PAGE

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Account profile or activities covered by this agreement include, but are not limited to:

Cash Sweep Program Information: My brokerage account will be enrolled in one of the following Cash Sweep Programs:
 QPERQ – Truist Bank Single Bank Level Rate Sweep Feature (for SEP/SIMPLE IRA's only)
 QTMNQ – TIS Tiered Rate Multibank Sweep Feature (all other IRA Account Types)
 (see the Truist Sweep Program Disclosure Statement for more information)

Truist Bank Information: Complete the information below to establish Standing Payment Instructions for electronic transfers between your brokerage account and your Truist bank account.

Account Type: Checking Savings

Account Number: _____ Routing Number: _____

*Truist Investment Services, Inc. maintains a Business Continuity Plan in case of a disaster event.
 Our Business Continuity Statement is also available on our website.*

Tax Withholding Certifications

<p>W-9</p> <p>Social security number</p> <p>_____</p> <p>Employer Identification number</p> <p>_____</p>	<p><input checked="" type="checkbox"/> U.S. Person or Resident Alien: Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The social security number or taxpayer identification number provided is correct. 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. If you are subject to backup withholding, cross out item 2. 3. I am a U.S. Citizen or other U.S. Person (including a resident alien). 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Applies to accounts maintained outside the U.S.
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<p>Pre-Dispute Arbitration</p> <p>This brokerage account is governed by a pre-dispute arbitration clause, which appears in Section 13, on pages 10/11 of 97 of the Customer Agreement which is expressly incorporated herein to this Application by reference, and I acknowledge that I have received and read a copy of this clause.</p>	<p>The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below you acknowledge that you agree to the terms and conditions as set forth above and attest that the certification made of the W-9 above are true.</p>
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Signatures

Owner Signature	Printed Name	Date
Associated Stakeholder's Signature 1	Printed Name	Date
Associated Stakeholder's Signature 2	Printed Name	Date
Associated Stakeholder's Signature 3	Printed Name	Date
Financial Advisor's Signature	Printed Name Darius Vesuna	Date

NOTE: Please ensure you have reviewed all 97 pages of this document before signing.

Investment and Insurance Products:
 • Are not FDIC or any other Government Agency Insured • Are not Bank Guaranteed • May Lose Value