

Account Number: _____
(An account number will be assigned by the administrator and will be mailed to you.)

1. WHAT TYPE OF ACCOUNT WOULD YOU LIKE TO OPEN?

Traditional IRA
 Roth IRA
 SEP IRA (Employer Name: _____)

SIMPLE IRA (Employer Name: _____)

Beneficiary IRA (Name of Deceased: _____)
 (Date of Birth of Deceased: _____ Date of Death of Deceased: _____)

Health Savings Account (HSA) (Please only check one)
 Individual
 Family

2. HOW WOULD YOU LIKE TO FUND THE ACCOUNT?

<input type="checkbox"/> Personal Contribution Contribution Year: _____	<input type="checkbox"/> Transfer Move funds from IRA to IRA.	<input type="checkbox"/> Rollover Take receipt of funds for up to 60 days before reinvesting them in a new IRA.	<input type="checkbox"/> Direct Rollover Directly move funds from 401k to IRA.
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3. YOUR PERSONAL INFORMATION

Legal Name: (First, Middle, Last)
 Mr. Ms. Mrs. Dr. _____

Social Security Number: _____ Date of Birth: (MM/DD/YYYY) _____ Married Not Married

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: (If different from Physical Address) _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____ Fax Number: _____

Online Statements: Yes No
 Email Notifications with Account Changes: Yes No
 Email Address: _____

How did you hear about us?
 Internet
 Advertisement
 Article
 Referred by _____
 Coupon Code: _____

4. HOW WOULD YOU LIKE TO PAY THE ACCOUNT SET-UP FEE? (\$50 fee is due at time of account opening.)

Choose One: <input type="checkbox"/> Credit Card (Visa, MasterCard & Discover accepted) <input type="checkbox"/> Check Enclosed (make checks payable to: New Direction IRA, Inc.)	Credit Card Type: _____ Card Number: _____ Exp Date: _____ Exact Name on Card: _____ 3 Digit Security Code: _____ Signature: _____
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Account Number: _____

5. WHO ARE YOUR BENEFICIARIES?

If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. 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, as indicated). 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, as 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 no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate. I hereby revoke any prior beneficiary designation made by me and designate the below as my Primary and Contingent Beneficiary of this IRA.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____	Relationship: _____
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Address: _____	City: _____	State: _____	Zip: _____
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Social Security Number: _____	Date of Birth: (MM/DD/YYYY) _____	Share: _____
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____	Relationship: _____
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Address: _____	City: _____	State: _____	Zip: _____
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Social Security Number: _____	Date of Birth: (MM/DD/YYYY) _____	Share: _____
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____	Relationship: _____
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Address: _____	City: _____	State: _____	Zip: _____
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Social Security Number: _____	Date of Birth: (MM/DD/YYYY) _____	Share: _____
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6. SPOUSAL CONSENT (Only required if your spouse is not the primary beneficiary.)

The consent of spouse must be signed only if all of the following conditions are present; your spouse is living, your spouse is not the sole primary beneficiary named and you and your spouse are residents of a community property state (AZ, CA, ID, LA, NM, NV, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above designation of beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature _____ Date _____

Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse. Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Administrator disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

7. YOUR SIGNATURE

I understand that I may change or add beneficiaries at any time by completing and delivering this form to New Direction IRA, Inc.

Printed Name: _____

Signature: _____ Date: _____

Account Number: _____

8. ACKNOWLEDGEMENTS & AGREEMENT TO TERMS

Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Custodian and Administrator: The Custodian of my account is First Trust Company of Onaga (FTCO) and the Administrator for my account is New Direction IRA, Inc. I understand that the Custodian and Administrator 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 Administrator of the appointment of a successor trustee or custodian within such 30-day period, then the assets held by the Custodian in my account (whether 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.

No Tax, Legal, or Investment Advice: I acknowledge that the Custodian and Administrator do not provide or assume responsibility for any tax, legal, or investment advice with respect to the investments and assets in my account, and will not be held 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 neither the Custodian nor the Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator 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 or the Administrator, and that the Custodian and the Administrator are not responsible for and are not bound by any statements, representations, warranties, or agreements made by any such person or entity. I will consult independently, as I determine is necessary, with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my account.

Prohibited Transactions: I understand that my account is subject to the provisions of the Internal Revenue Code (IRC) Section 4975 which defines certain prohibited transactions. I acknowledge and agree that neither the Custodian nor the Administrator will make any determination as to whether any transaction or investment in my account is prohibited under sections 4975, 408(e), 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.

Unrelated Business Income Tax: I understand that my account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Income Tax (UBIT) of tax-exempt organizations. I agree that if I direct the Administrator to make an investment in my account which generates income that is subject to UBIT, I will be responsible for preparing or having prepared the required IRS form 990-T tax return, an application for an Employer Identification Number (EIN) for my account, and any other documents that may be required, and to submit them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my account and to pay the applicable tax from the assets in my account. I understand that the Custodian and Administrator do not make any determination of whether or not investments in my account generate income that is subject to UBIT, have no duty to and do not monitor whether my account has incurred UBIT, and do not prepare Form 990-T on behalf of my account.

Valuation: 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, which 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, by no later than the last business day of February of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian and the Administrator 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.

Responsibility for Tax Consequences: I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my account. I assume all responsibility for: 1) determining that I am eligible for an account transaction that I direct the Custodian or the Administrator to make on my behalf; 2) ensuring that all contribu-

tions I make are within the limits set forth by the Internal Revenue Code; 3) the tax consequences of any contributions (including rollover contributions) and distributions.

Indemnification: I agree that the Custodian and the Administrator have 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 and the Administrator are acting only as my agent, and nothing will be construed as conferring fiduciary status or responsibility on the Custodian or the Administrator. I understand that obtaining any information or communication related to the investment is my responsibility regardless of if was sent initially to the Administrator or some other party. The Administrator will attempt to forward communications received, but is not responsible for my timely receipt of any such communication. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorney's 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 or the Administrator, 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 (Kansas Statutes Annotated [KSA] Sections 16-601 et seq.) and the federal Electronic 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 retention of the original records, the Administrator and 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.

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, either the Custodian or the Administrator; and 3) are subject to investment risks, including possible loss of the principal amount invested.

Our Privacy Policy: You have chosen to do business with the Custodian and the Administrator. As our client, the privacy of your personal, non-public information is very important to us. We value our client relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect: We collect non-public, personal information about you from the following sources to conduct business with you: 1) information we receive from you on applications or other forms, 2) information about your transactions with us or others. Non-public, personal information is non-public information that we may obtain in connection with providing services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share: We do not sell or disclose any non-public information about you to anyone except as permitted by law, as required by law or other regulatory authority, or as specifically authorized by you in writing. We do not share non-public, personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian and the Administrator have agreed to the Custodian's and the Administrator's confidentiality and security policies. If you decide to close your account or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

Confidentiality and Security: We restrict access to non-public, personal information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public, personal information. The Custodian and the Administrator reserve 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 at the address and/or telephone number listed on this application.

I acknowledge that I have received the Fee Schedule and Disclosure. I agree to abide by its terms as currently in effect or as they may be occasionally amended. I understand that failure to submit a signed Fee Schedule and Disclosure will result in fees "based on the value of assets" (see Fee Schedule).

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

Account Owner's Signature: _____ **Date:** _____

New Direction IRA, Inc. Office Use:

New Direction IRA, Inc. has entered into an Individual Retirement Custodial Agreement as administrator with the account holder above. New Direction IRA, Inc. by its authorized representative, agrees to act as administrator.

By: _____ **Date:** _____