

TRADITIONAL/SEP IRA APPLICATION



SYMONS
CAPITAL MANAGEMENT

Use this *TRADITIONAL/SEP IRA Application* to open a *TRADITIONAL* or *SEP IRA*.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-877-6SYMONS (877-679-6667).

**PART I-A: TRADITIONAL/SEP IRA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)
(DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA)**

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Date of Death (if applicable)	Daytime Phone*	Evening Phone		

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *Traditional/SEP IRA Application*.

PART I-B: INHERITED IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRAS ONLY)

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____
 Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____
 Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____
 Daytime Phone* _____ Evening Phone _____

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

Regular/Spousal Contribution	Amount: _____	Tax Year: _____
Recharacterization	Amount: _____	Tax Year: _____
Employer SEP Contribution	Amount: _____	Tax Year: _____
Direct Transfer	Source: Traditional IRA	SEP IRA SIMPLE IRA*
Rollover	Source: Traditional IRA Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), 457(b))	SEP IRA SIMPLE IRA*
Other	Explain: _____	

*You may not transfer or rollover SIMPLE IRA assets to a Traditional/SEP IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. **Important: Contributions made to your IRA will be for the current tax year unless you specify prior year.**

Note: The Symons Value Institutional Fund's initial investment minimum is \$2,500.

PART III: INVESTMENT SELECTION

Name of Investment	Total Investment Amount
Symons Value Institutional Fund	\$ _____

PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)

The completion of this section is *OPTIONAL*.

Systematic Investment Program (SIP) – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$250 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your IRA using SIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize Symons Institutional Funds to initiate investments into my mutual fund account according to the following frequency:

Annually Semi-Annually Quarterly Twice Each Month Monthly Other (Check months below)

January February March April May June
July August September October November December

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____
Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Bank Account Information

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

Attach a voided check or deposit slip for your bank account on page 3. **Please use tape; do not staple.**

Provide information about your bank account below.

Enter your checking or savings account information:

Name: _____
Name of Bank: _____ Bank's Phone Number: _____
Bank Address: _____ ABA Routing Number: _____
City: _____ State: _____ Zip Code: _____
Name(s) on Bank Account: _____ Bank Account Number: _____
Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF <input type="text"/>	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ _____
BANK NAME BANK ADDRESS		_____ DOLLARS

PART V: BENEFICIARY DESIGNATION

Traditional/SEP IRA Owner (or Inherited IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the Traditional/SEP IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the Traditional/SEP IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Social Security Number: _____ Date of Birth: _____
Residence Address: _____

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Name: _____ Social Security Number: _____ Date of Birth: _____
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Name: _____ Social Security Number: _____ Date of Birth: _____
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Name: _____ Social Security Number: _____ Date of Birth: _____
Residence Address: _____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the IRA Custodian.

PART VI: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

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

PART VII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to Symons Institutional Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-877-679-6667.
- Other** _____

(Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.

PART VIII: SPOUSAL CONSENT

Complete this section only if you, the Traditional/SEP IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the Traditional/SEP IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

PART IX: ACKNOWLEDGEMENT (Note: This application will not be processed unless signed below by the Traditional/SEP IRA Owner or Inherited IRA Owner.)

By signing this *Traditional/SEP IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *Traditional/SEP IRA Application*, *IRS Form 5305-A*, *Disclosure Statement* and *Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Traditional IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Traditional/SEP IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of TRADITIONAL/SEP IRA Owner (or Inherited IRA Owner):

X _____ Date: _____

FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State Zip Code

Dealer Number Branch Number

Representative Number

X _____
Representative's Signature

X _____
Supervisor's Signature

MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery
Symons Institutional Funds
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Symons Institutional Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246