



# ONE ROCK Fund

## IRA APPLICATION

**Mail To:**

One Rock Fund  
 c/o Mutual Shareholder Services  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, OH 44147

**Fax To:**

440-526-4446

**Minimum Investment:**

Initial: \$2,000.00  
 Subsequent: \$100.00

**Need Help Call:**

(800) 564-3899

**1. ACCOUNT INFORMATION (Please Print)**

Name \_\_\_\_\_

Social Security \_\_\_\_\_

Address \_\_\_\_\_

Date Of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME \_\_\_\_\_

**2. TYPE OF IRA I AM ESTABLISHING OR TRANSFERRING:****(If transfer, attach IRA Transfer Request form)**

- |  |  |
|--|--|
| <input type="checkbox"/> Traditional IRA           | <input type="checkbox"/> SEP IRA                     |
| <input type="checkbox"/> Roth IRA                  | <input type="checkbox"/> SIMPLE IRA                  |
| <input type="checkbox"/> Inherited Traditional IRA | <input type="checkbox"/> Coverdell Education Savings |
| <input type="checkbox"/> Inherited Roth IRA        | (formerly Education IRA)                             |

**3. TO BE FUNDED BY (check one):** FOR ESTABLISHING A NEW IRA:

Make check payable to "One Rock Fund" or wire funds. Amount \$ \_\_\_\_\_ For tax year(s) \_\_\_\_\_  
 (for wire, call 800-564-3899 for instructions)

**TO TRANSFER EXISTING IRAs :****Custodian-to-custodian transfer:**

- Direct Transfer – transfer from same type of IRA  
 (Current custodian has the account; **Attach IRA Transfer Request form**)  
 (Please include recent account statement)
- Rollover Transfer – transfer from qualified employer plan (ie. 401(k), 403(b), pension)  
 (Current custodian has the account; **Attach IRA Transfer Request form**)  
 (Please include recent account statement)

**60-Day Rollover:**

- 60-day rollover from previously existing account:  
 (Shareholder has the funds from previous account)  
 (Please include recent account statement)

Make check payable to "One Rock Fund" or wire funds. Amount \$ \_\_\_\_\_  
 (for wire, call 800-564-3899 for instructions)

**4. DESIGNATION OF PRIMARY BENEFICIARY**

In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below of whoever survives me. If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survive me, pay any balance I may have under my Account to the following Secondary Beneficiary(ies) who survive me. Make payment in the proportions specified below. If any Secondary Beneficiary predeceases me, his share is to be divided among the Secondary Beneficiaries who survive me in the relative proportions assigned to each such surviving Secondary Beneficiary. Proportions must total 100%.

FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1. _____	_____	_____	_____	_____%
2. _____	_____	_____	_____	_____%
3. _____	_____	_____	_____	_____%
4. _____	_____	_____	_____	_____%

\*If no percentage indicated the beneficiaries will share equally.

**5. DESIGNATION OF SECONDARY BENEFICIARY**

FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1. _____	_____	_____	_____	_____%
2. _____	_____	_____	_____	_____%
3. _____	_____	_____	_____	_____%
4. _____	_____	_____	_____	_____%

\*If no percentage indicated the beneficiaries will share equally.

**6. SPOUSAL CONSENT (if applicable)**

**Spouse must sign here if not 100% of Primary Beneficiary.**

I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, One Rock Fund or Mutual Shareholder Services.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

Neither the Custodian, One Rock Fund nor Mutual Shareholder Services are liable for any consequences resulting from a failure of the Owner to provide proper spousal consent.

