

**Account Information** (Please print, preferably in black ink)

Name \_\_\_\_\_   /   /     -   -

Date of Birth Social Security No.

Address \_\_\_\_\_

City \_\_\_\_\_   State     -     Zip Code

Email Address \_\_\_\_\_    -    -     Home Phone    -    -     Business Phone

**Contribution Information**

Account Type (check one):

- Regular
- Spouse IRA
- SEP/IRA
- Roth
- Rollover (commingle contribution)
- Rollover (do not commingle)
- Transfer

Initial Contribution (check one):

- Check made payable to Queens Road Value Fund (Complete information to the right)
- Direct Rollover (Attach Request to Transfer Form)
- Direct Transfer (Attach Request to Transfer Form)

**If check is attached:**

Amount of Check:

\$ \_\_\_\_\_

For tax year (if applicable)

**Designation of Beneficiary**

Marital Status:  Single  Married


In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below or whomever survives me. For specific beneficiary provisions, please refer to the applicable sections of the Plan and the Disclosure Statement.


Full Name	Primary or Contingent?	Social Sec. No. or Taxpayer's ID No.	Relationship	Date of Birth	%*
_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____
_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____
_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____

\* If no percentage rate is indicated, the beneficiaries will share equally

**Signatures and Certifications**

I understand the eligibility requirement for the type of IRA deposits I make and I state that I qualify to make the deposit. I have received a copy of the Individual Retirement Custodial Account Plan and Disclosure Statement. I understand that the terms and conditions which apply to this Individual Retirement Account are contained in the Individual Retirement Custodial Account Plan and Disclosure Statement. I agree to be bound by those terms and conditions. If I elect to make a rollover contribution to this account, I hereby certify that I understand the rollover rules and conditions as they pertain to this IRA and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for establishing this IRA and for rollover transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover of funds or other property as rollover contributions. **I HEREBY ADOPT THE QUEENS ROAD MUTUAL FUNDS INDIVIDUAL RETIREMENT CUSTODIAL PLAN.**


 \_\_\_\_\_  
Individual's Signature Date

 \_\_\_\_\_  
U.S. Bank Date

U.S. Bank accepts this application and agrees to act as Custodian of the account. **A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.**

**Complete if required by state law (AZ, CA, ID, LA, NV, NM, TX, WA, WI - this list is subject to change).**

**Spousal Consent:** I am the spouse of the IRA Owner and I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this IRA into the separate property of my spouse. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or the Fund.

 \_\_\_\_\_  
Spouse's Signature Date