

2 Tell Us About Yourself—CONTINUED

USA PATRIOT Act Information (Required by Federal law—See page 1)

All applicants please provide the information below along with a photocopy of your identification.

Date of Birth (mm/dd/yyyy)

Social Security or Taxpayer ID No.

Country of Citizenship

ID No. (Select one):

Driver's License

Passport

State ID

Other Government-issued ID

3 Beneficiary Designation

Indicate the percent of your account to be distributed to the primary beneficiary (ies) upon your death. The total must equal 100%.

Primary Beneficiary (ies) Name (First, MI, Last)	Relationship	Social Security	Date of Birth	Share%
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1.				
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2.				
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3.				
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Secondary Beneficiary (ies) Name (First, MI, Last)	Relationship	Social Security	Date of Birth	Share%
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1.				
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2.				
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3.				
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SPOUSAL CONSENT

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

- I Am Not Married** – I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.
 I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA holder. 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 hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

 (Signature of Spouse)

 (Date)

The foregoing instrument was acknowledged before me this ____ day of ____, 20____, by _____.

(NOTARY SEAL)

Personally Known ___ OR Produced Identification ___ Type of Identification Produced _____

A. Complete if you have already received a check from your former employer's plan administrator.

I have enclosed a check from my plan administrator.

Check Amount: \$ _____, _____. This check represents an eligible rollover distribution from my former employer's retirement plan. Please invest these assets as designated in the Slavic Mutual Funds Investment Management Agreement.

B. Complete if you have not yet received a check from your former employer's plan administrator and check Option 1 or 2.

1. **Retirement plan administered by Slavic.**

Please fill out a Slavic Distribution Request Form. **All payments should be made out to Mid Atlantic Capital Corp.**

2. **Retirement plan administered by other financial institutions.**

I have not enclosed a check from my plan administrator but I do want to have the proceeds from my former employer's retirement plan rolled over to my newly established SMF Managed IRA account. Please notify me of my new SMF Managed IRA account number when established. I will contact my plan administrator with that information and arrange to have the distribution sent to:

**Mid Atlantic Capital Corp c/o Slavic
1075 Broken Sound Parkway NW Ste. 100
Boca Raton, FL 33487-3540**

All payments should be made out to Mid Atlantic Capital Corp.

I received and read the Traditional and Roth IRA Custodial Agreement, the Traditional IRA Disclosure Statement or the Roth IRA Disclosure Statement, The Counsel Trust Company IRA Article IX Addenda (Custodian), and I agree to the terms and conditions contained within those documents. Within seven (7) days from the date I open this IRA, I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

I assume complete responsibility for:

1. Determining that I am eligible for an IRA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions and conversions) and distributions.

IRA Holder Signature

(Date)

Authorized Signature of Custodian

(Date)

This Account Application must be accompanied by the following forms:
The Counsel Trust Company IRA Article IX Addenda (Custodian)
The Slavic Mutual Funds Investment Management Agreement