

# TRADITIONAL/SEP IRA APPLICATION



Use this *TRADITIONAL/SEP IRA Application* to open a *TRADITIONAL/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 1-800-343-5902.

## 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

U.S. Citizen  Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence Province Foreign Routing/Postal Code

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 \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

**PART II: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

- Regular/Spousal Contribution      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_

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- Recharacterization      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_

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- Employer SEP Contribution      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_

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- Direct Transfer      Source:  Traditional IRA       SEP IRA       SIMPLE IRA\*

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- Rollover      Source:  Traditional IRA       SEP IRA       SIMPLE IRA\*  
 Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), 457(b))

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- 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 Fund's initial investment minimum for Retail class shares is \$1,000 and \$10,000 for Institutional class shares.

**PART III: INVESTMENT SELECTION**

Name of Investment	Share Class	Total Investment Amount
1. Toreador Large Cap Fund	Retail	\$ _____ or _____ %
2. Toreador Large Cap Fund	Institutional	\$ _____ or _____ %
		TOTAL: \$ _____ or _____ %

**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 \$100 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 Toreador Large Cap Fund 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 (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, 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. **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 _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME _____		
BANK ADDRESS _____		
MEMO _____		

**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: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID 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 Toreador Large Cap Fund for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-800-343-5902.
- Other** \_\_\_\_\_

*(Third party checks, counter checks, starter checks, traveler’s checks, checks drawn on non-U.S. financial institutions, money orders, 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.*

