



New Account Kit

IRA Types

SIMPLE

For additional assistance,
contact the Account Opening

Department at

240/575.3880

x952

Please mail ORIGINAL paperwork to:

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701
240/575.3880 *office*
301/695.6244 *fax*

Checklist to make the application process easier

Step 1. **FILL OUT AND/OR SIGN**

- ☐ Application - *Important points not to miss*
 - ☐ Occupation Section - *if retired, need previous occupation*
 - ☐ Beneficiary Section - *we need ALL information*
 - ☐ Sign and date on 2nd & 3rd pages
 - ☐ Mail original signed paperwork to us. We CANNOT accept a fax or copy.
- ☐ Fee Disclosure
 - ☐ Select Asset or Value based
 - ☐ Sign and date on bottom of the form
- ☐ Payment Method Form - *fill out in its entirety*
- ☐ Transfer and/or Rollover Forms - *select the correct forms depending on your need*
- ☐ Interested Party Designation Form (OPTIONAL)
This form allows for someone other than yourself to obtain your account information. (ie. Financial Planner, Attorney, Spouse)
- ☐ LPOA - Limited Power of Attorney Form (OPTIONAL)
This form allows for someone other than yourself to conduct transactions within your account and obtain account information. (ie. Spouse)
- ☐ Investment Interest Form (OPTIONAL)

Step 2. **BE SURE TO INCLUDE**

- ☐ Government issued ID
 - ☐ Copy is clear and legible
 - ☐ Signature matches my Application paperwork
 - ☐ If address on ID is not current or is missing from ID - include copy of current utility bill, rental agreement, property tax bill or bank statement
 - ☐ \$50 check made payable to MidAtlantic IRA, LLC

Step 3. **MAIL ALL THE ABOVE TO:**

MidAtlantic IRA, LLC
118 West Church Street
Frederick, MD 21701

Step 4. **PROCESSING TIME**

Account set-up usually takes 24-48 hours, once we have "complete" paperwork.

Transfer paperwork is sent out during Account set-up. On average incoming monies take 7-21 days to be received by us. It is solely dependent on your previous custodian's processing time. To expedite the process be sure to liquidate any assets prior to having us send transfer paperwork. Contact your previous custodian directly to check on the status of a transfer.

New MidAtlantic IRA Account # _____

TYPE OF ACCOUNT TO OPEN

☐ Simple IRA

☐ This is a new SIMPLE IRA

☐ This is an amendment to an existing SIMPLE IRA

☐ This is a transfer SIMPLE IRA

Please send all ORIGINAL application paperwork to

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office

www.MidAtlanticIRA.com

SIMPLE PARTICIPANT INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Last Name: _____ First Name: _____ Middle Initial: _____ SSN: _____

Legal Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Business Phone #: _____ Cell #: _____

Email Address: _____

Birthdate: ____/____/____ Occupation: _____ (if retired, prior occupation) _____ Title: _____ County you live in: _____

EMPLOYER INFORMATION *Complete the employer information below unless this is a transfer SIMPLE IRA.*

Last Name: _____ First Name: _____ Middle Initial: _____ SSN: _____

Legal Address: _____ City: _____ State: _____ Zip: _____

MARITAL STATUS

☐ Single

☐ Married (see Consent of Spouse)

☐ Widowed or Divorced

ACCOUNT ACCESS

☐ Online Access - view statements online (you will receive paper statement at end of year - email required)

OR

☐ Paper statements only (you will receive paper statement quarterly)

CONTRIBUTION TYPE *(select one)*

☐ **SIMPLE Contribution** (Includes salary deferral and employer contributions)

☐ **Rollover** (Distribution from a SIMPLE IRA that is being deposited into this SIMPLE IRA)

By selecting this transaction, I irrevocably designate this contribution as a rollover.

☐ **Transfer** (Direct movement of assets from a SIMPLE IRA into this SIMPLE IRA)

☐ **Recharacterization** (A nontaxable movement of a conversion into this SIMPLE IRA)

By selecting this transaction, I irrevocably designate this contribution as a recharacterization.

IF YOU ARE 70 1/2 OR OLDER THIS YEAR, COMPLETE THE FOLLOWING, IF APPLICABLE

(Checking any of the following will adjust your required minimum distribution.)

☐ This is a rollover or transfer of assets removed last year. Date of Removal ____/____/____

☐ This is a transfer from my deceased spouse's SIMPLE IRA and the assets were removed from the SIMPLE IRA in any year after death.

☐ The value of my portion of my deceased spouse's SIMPLE IRA on December 31 of last year \$ _____

☐ This is a recharacterization of a conversion made last year.

PREFERRED METHOD OF CONTACT

☐ Phone

☐ Email

IS IT OK TO LEAVE A DETAILED VOICE MESSAGE ON ANY OF YOUR PHONES? *(check all that apply)*

☐ Home Phone

☐ Business Phone

☐ Cell Phone

HOW DID YOU HEAR ABOUT US?

☐ Article

☐ Advertisement

☐ Direct Mail

☐ Email Marketing

☐ Meetup

☐ Not Sure

☐ Presentation we gave

☐ Presentation someone else gave

☐ Real Estate Club

☐ Referral: whom, may we thank _____

☐ Tradeshow

☐ Trusted Advisor (Accountant / Financial Planner/Attorney)

☐ Other _____

ACCOUNT HOLDER SIGNATURE

Participant Signature: _____ Date: ____/____/____

Beneficiary Designation

MidAtlanticIRA
Self-Directed IRAs & Tax Strategies

Please be sure to supply COMPLETE information. It is NOT required to designate beneficiaries.

Please mail the ORIGINAL SIGNED document to

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office

ACCOUNT HOLDER

Full Name _____ Account Number _____

Date of Birth (MM/DD/YYYY) ____/____/____ Social Security # _____

This form must be completed in full. A beneficiary shall be deemed to be a Primary Beneficiary if the Primary or Contingent box is not selected for said beneficiary. In the event of my demise, Primary Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). If all Primary Beneficiaries pre-decease me, Contingent Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). A Primary or Contingent beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, in the event that the aforementioned beneficiary does not survive me. In such cases, the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. In the event that there are no surviving Primary or Contingent Beneficiaries, remaining assets of the account shall be distributed to my estate in accordance with the plan provisions.

BENEFICIARY / 1 ☐ Primary ☐ Contingent Share _____% Date of Birth ____/____/____

Person Name/Trust Name* _____ SS/TIN # _____ Relationship _____

Address _____ City _____ State _____ Zip _____

BENEFICIARY / 2 ☐ Primary ☐ Contingent Share _____% Date of Birth ____/____/____

Person Name/Trust Name* _____ SS/TIN # _____ Relationship _____

Address _____ City _____ State _____ Zip _____

BENEFICIARY / 3 ☐ Primary ☐ Contingent Share _____% Date of Birth ____/____/____

Person Name/Trust Name* _____ SS/TIN # _____ Relationship _____

Address _____ City _____ State _____ Zip _____

BENEFICIARY / 4 ☐ Primary ☐ Contingent Share _____% Date of Birth ____/____/____

Person Name/Trust Name* _____ SS/TIN # _____ Relationship _____

Address _____ City _____ State _____ Zip _____

* If I name a Beneficiary which is a Trust, I understand I must supply a copy of the abstract of the Trust.

SPOUSAL CONSENT (only required if your spouse is not the primary beneficiary-see note below).

I, _____ (name of spouse), hereby approve the above beneficiary designation.

Spouse Signature: _____ Date: ____/____/____

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

Disclaimer For Community & Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

SIMPLE IRA PLAN PARTICIPANT SIGNATURE I understand that I may change or add beneficiaries at any time by completing the Beneficiary Change form & submitting the original to MidAtlantic IRA, LLC.

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the plan document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to this Individual Retirement Account. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

SIMPLE Plan Participant Signature: _____ Date: ____/____/____

Please send all ORIGINAL application paperwork to

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office
www.MidAtlanticIRA.com

Appointment of Custodian, Investment Direction and Important Disclosures

Your signature is required. Please read before signing.

The account holder shown on the front of the application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment.

I appoint Mainstar Trust as the custodian of my account or its successor (hereinafter referred to as "Custodian") and I understand that the Custodial Account Agreement and my Application comprise my agreement with the Administrator, MidAtlantic IRA, LLC, shown in this application. The Administrator may change custodians to any institution permitted by law or by the undersigned. Written direction shall be construed so as to include facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information.

I acknowledge that I have received a copy of the Plan Agreement, Disclosure Statement and appropriate Financial/Fee Disclosures. I understand that the terms and conditions, which apply to the Account, and are contained in these documents. I agree to be bound by those terms and conditions. If this is an IRA, I understand that within seven (7) days from the date that I open this Account, I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

Responsibility for Tax Consequences.

I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my Account. I am authorized and of legal age to establish this Account and make investment purchases permitted under the Plan Agreement offered by the Custodian. I assume complete responsibility for: 1) Determining that I am eligible for an Account transaction that I direct the custodian to make on my behalf; 2) Insuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including roll-over contributions and distributions).

I certify under penalties of perjury: that I have provided you with my correct Social Security or Tax I.D. Number; and that I am not subject to backup withholding because: a) I am exempt from backup withholding; or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so, or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to void backup withholding.

Until such time as I change or revoke the designation, I hereby instruct the Custodian to follow the investment directions which I provide to Administrator in investing and reinvesting the principal and interest, as confirmed by direction letters to Administrator from the undersigned, for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party,

Administrator, or by the undersigned. Written direction shall be construed so as to include facsimile signature.

The account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization Custodian and Administrator may act solely on the written instruction, designation or representation of the Account holder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my account and /or in connections with any action taken in reliance upon my written instructions, designations and representations, or in the exercise of any right, power or duty of Custodian and/or Administrator, its agents or assigns. Custodian and/or Administrator may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision. Custodian and/or Administrator have no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income. For purposes of this paragraph, the terms Administrator and Custodian include MidAtlantic IRA, LLC, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian is named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any cost and expenses, including, but not limited to, all attorneys' fees, and cost and internal costs (collectively "Litigation Cost"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be default with regard to this investment. I understand that no one at the Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of the Administrator's and/or Custodian's policy. For purposes of this paragraph, the terms Administrator and Custodian include MidAtlantic IRA, LLC, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

In executing transfers, it is understood and agreed that I will not hold Custodian and/or Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor custodian and administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian, or Administrator.

If any provision of the Application is found to be illegal, invalid, void or

unenforceable, such provisions shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Important Information of Opening a New Account

To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government-issued identification (e.g., driver license or passport). The copy must be readable so we can verify the client's name, driver's license number or state issued ID number. If a copy of a valid drivers license or an unexpired state issued ID card cannot be obtained, we will contact the client by telephone to verify their name, address, date of birth, and social security number.

Our Privacy Policy

You have chosen to do business with the custodian and administrator named on your account application. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect

We collect non-public personal information about you from the following sources to conduct business with you:

Information we receive from you on applications or other forms;

Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share

We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian and administrator have agreed to the custodian and administrator's confidentiality and security policies. If you decide to close your account (s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security

We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The custodian reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address and/or telephone number listed on this application.

I acknowledge receipt of the signed Fee Disclosure and receipt of the Account Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time.

I understand that failure to submit a signed Fee Disclosure will result in fees "based on value of assets" (See "Fee Disclosures").

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I acknowledge I have read the fee disclosure, the account agreement and account disclosure statement and agree to abide by their terms as currently in effect of as they may be amended from time to time. If you would like to give permission to another individual to access your account information (such as your spouse or other individual), you will need to complete the Limited Power of Attorney form or Interested Party Designation form.

PLEASE PRINT, SIGN AND MAIL THIS FORM TO MIDATLANTIC IRA, LLC. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.

SIMPLE Plan Participant Signature: _____ Date: ____/____/____

IRA Fee Schedule

(Effective June 12, 2022)



MidAtlantic IRA Account #

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office

301/695.6244 fax

Annual Record keeping Fee: Please choose one option

☐ Option One: Fee Based on Number of Assets

\$ 350 per Asset and/or Liability
(Paid at time of acquisition, annually thereafter)
Minimum Fee - \$30 Quarterly Fee per Account

☐ Option Two: Fee Based on Total Account Value

(Paid quarterly starting when account is established)

Total Account Value	Quarterly Fee	Total Account Value	Quarterly Fee
\$0 - \$4,999.99	\$25	\$400,000 - \$499,999	\$231.25
\$5,000 - 14,999	\$56.25	\$500,000 - \$599,999	\$312.50
\$15,000 - 24,999	\$75.00	\$600,000 - \$699,999	\$400.00
\$25,000 - \$49,999	\$97.50	\$700,000 - \$799,999	\$462.50
\$50,000 - \$74,999	\$120.00	\$800,000 - \$899,999	\$475.00
\$75,000 - 99,999	\$142.50	\$900,000 - \$999,999	\$487.50
\$100,000 - 199,999	\$168.75	\$1,000,000 - \$1,999,999	\$500.00
\$200,000 - 299,999	\$193.75	\$2,000,000+	\$562.50
\$300,000 - 399,999	\$212.50		

Transaction Fees

Account Opening	\$50	Trust Checks & ACH's	\$10/each
Notes, Private Equity + Other Transactions - Purchase / Sale / Disposition / Re-Registration	\$125	Wire Transfer - Incoming /Outgoing/International	\$20/\$30/\$65
Real Estate - Purchase/Sale/ Disposition / Re-Registration	\$200	Shipping - UPS Ground/Overnight (depends on distance + speed)	starting at \$25/\$45
Precious Metals - Purchase / Sale / Disposition / Re-Registration + Storage Fees	\$50	Rush Fees: (Less than 24 hrs Notice - RCVD No Later than 10 am EST same day)	Checks/Wires-\$100 Buys/Sells-\$250
Capital Calls - Further funding of an asset	\$50	Cashiers or Other Official Bank Check	\$50
Roth Conversion	\$125	Returned items, stop or void payment requests	\$30-45
Late Fair Market Valuation, Valuation Research (Fee begins after 2nd notice)	\$50	Late Payment of Fees -\$25/month Switch Annual Fee Type - \$50/acc Paper Statements \$25/same day request	
Special Services (reprocessing of incomplete documents, research/additional requests for annual fair market valuation, closed accounts, legal research, expedited investment review or additional processing required for certain complex transactions)	\$150 / hour \$50 / min	RMD'S - Required Minimum Distribution Check or Wire Fees + In-Kind Asset Re-Registration Partial Transfers Out \$100 per asset + Asset Re-Registration for In-Kind Transfers or Distributions Full Termination \$250 + Asset Re-Registration for In-Kind Transfers or Distribution	

Annual record keeping fees are not prorated. Transaction fees are due prior to funding the transaction. Fees paid from your IRA will be reflected on your IRA statement. Statements are available for fees paid outside of the IRA, upon request.

Custodian's Fees: In accordance with your Plan Agreement and Disclosure, custodial fees, described below, and this Fee Schedule (which must accompany your Application) are part of the Plan agreement. I agree that the Custodian, will receive, from the assets held in my account, a fee equal in amount to all income that is generated from any Undirected Cash (defined as any cash in my account not invested pursuant to a specific investment direction by me) which has been deposited by the Custodian into FDIC or other United States government insured financial institutions, United States government securities, or securities that are insured or guaranteed by the United States government. The Custodian retains the right, but does not have the obligation, to reduce this fee by rebating a portion of the fee into my account. I agree that this fee may be retained by the Custodian as compensation for the services provided by the Custodian in relation to my account. The Custodian may pay all or an agreed portion of this fee to the Administrator, as agreed between the Custodian and the Administrator. The Custodian reserves the right to change all or part of the

Custodial Fee Schedule at its discretion with 30 days advance notice. I acknowledge and agree that the Custodian may transfer any Undirected Cash in my account into any FDIC insured financial institution or in United States government securities or in securities that are insured or guaranteed by the United States government without any further approval or direction by me.

Late Payments: If payment is not received within 30 days from due date reflected on an invoice, a past due notice will be mailed to me & a late fee equal to the lower of (a) 1.5% of the outstanding invoice for every month or partial month that invoice is outstanding or (b) the maximum late penalty permitted under the state law of Maryland, will be assessed to my account. Additionally, MidAtlantic IRA, LLC (MIRA) may liquidate assets from the account, without notice, for any outstanding fee which has not been paid. If fees are not paid within thirty (30) days after MIRA has mailed the past due notice, MIRA will begin the process of closing the account. I understand that any asset distributed directly to me as part of closing my account will be reported to the IRS on Form 1099R & may subject me to possible taxes & penalties. I agree that accounts with past due fees, unfunded accounts, & accounts with zero value will continue to incur administration fees until such time as I notify MIRA of my intent to close the account or until MIRA and/or the Custodian resigns.

In accordance with your Account Application, this Fee Disclosure is part of your Agreement with the Administrator and must accompany your application.

Please print, sign and return this form to: MidAtlantic IRA, LLC | 118 West Church Street | Frederick, Maryland 21701

Print Name: _____

Participant Signature: _____ Date: ____/____/____

Payment of Fees

*A Valid Credit Card must be on file for all accounts.
I understand I may change my payment method with 15 business day notice
and that I need to fill out a new Payment of Fees form.*

Please FAX or MAIL to:

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701
240/575.3880 office
301/695.6244 fax

CHOOSE ONE

☐ **Charge Credit Card** / Please charge ALL my fees to the credit card below, I acknowledge it is my responsibility to update my credit card if it becomes expired or is no longer valid. I understand that you will deduct any unpaid fees from my IRA or 401(k) accounts if the credit card is declined or invalid and that a \$25 fee will be incurred if the credit card is declined and there are no monies available in my IRA account.

☐ **Deduct Fees from my IRA, 401(k) or Ind(k) Account(s)** / I prefer my fees to be deducted from my IRA, 401(k) or Ind(k) account(s) I have with MidAtlantic IRA, LLC. I understand I MUST STILL have a valid credit card on file and that this credit card will ONLY be charged if there is NOT enough money in my IRA or 401(k) account(s) to pay for my fees. I acknowledge a \$25 insufficient funds fee will be incurred if there are not enough funds in my account and I do not have a valid credit card on file.

Name of 401(k) or Ind(k) (if applicable) _____

Annual Plan Fees (for 401(k)/Ind(k) only) - **deduct from Account #** _____

Name of Account Holder _____

MidAtlantic IRA, LLC Account # (s) _____

CREDIT CARD INFORMATION (REQUIRED - SEE ABOVE)

☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Card # _____

Expiration Date ____ / ____ **3-Digit Code on Back of Card or 4-digit on front (if AMEX)** _____

Name as it Appears on Card _____

Billing Address _____

CC Holder Signature _____ **Date** ____ / ____ / ____

(IF YOUR FUNDS ARE COMING FROM A 401K, EMPLOYER SPONSORED PLAN OR IS A 60-DAY ROLLOVER - COMPLETE OUR ROLLOVER /DIRECT ROLLOVER CERTIFICATION FORM INSTEAD)

The Name on the Account You are Transferring : _____

SSN: _____ Daytime Telephone #: _____

Legal Address: _____

City: _____ State _____ Zip _____

ACCOUNT BEING TRANSFERRED A copy of your most recent account statement (all pages) MUST be attached.

Present Custodian or Trustee: _____

Address of Delivering Firm: _____

City: _____ State _____ Zip _____

Phone # of Delivering Firm: _____

Account No: _____

TYPE ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE* ☐ Rollover IRA ☐ _____

*FOR SIMPLE IRAs Date Employee First Participated ____ / ____ / ____ (To be completed by present Custodian/Trustee)

(NOTE: A SIMPLE IRA may only be transferred to another SIMPLE IRA. After you have participated in your employer's SIMPLE plan for 2 years, you may transfer from a SIMPLE IRA to any IRA other than a Roth IRA or may convert it to a Roth IRA.)

I AM ELIGIBLE PERSON TO PERFORM THIS TRANSACTION: (Select One)

☐ IRA Holder ☐ Spouse beneficiary of account ☐ Non-spouse beneficiary of account ☐ Ex-spouse

TRANSFER INSTRUCTIONS

Directly transfer all or part of my present IRA with your organization in the manner indicated below.

This transfer: (Check one) _____ ☐ **COMPLETE TRANSFER**
 _____ ☐ **PARTIAL TRANSFER**

I am aware that penalties may be incurred if time deposits are liquidated prior to their maturity date. _____ (initial)

TRANSFER THE ASSETS IN THE MANNER PRESCRIBED BELOW

Asset Description	Quantity In IRA	Quantity /Dollar Amount To Be Transferred	Liquidate Immediately	Transfer At Maturity	Transfer In Kind
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASH: DELIVERY INSTRUCTIONS ARE ON THE 2ND PAGE

IN-KIND TRANSFER: Transfer assets IN KIND described below (Private Stocks, Real Estate, LLCs, Notes, etc) to MidAtlantic IRA, LLC FBO (Client Name) IRA.

The term "in-kind" refers to the re-registration of an investment, etc.

AGE 72 REMINDER

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 72, the required minimum amount determined under this IRA is still required to be distributed.

I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer.

If this transfer leaves the transferor IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

Please send all ORIGINAL application paperwork to:

MidAtlantic IRA, LLC
 118 West Church Street
 Frederick, Maryland 21701

240/575.3880 office

(IF YOUR FUNDS ARE COMING FROM A 401K, EMPLOYER SPONSORED PLAN OR IS A 60-DAY ROLLOVER - COMPLETE OUR ROLLOVER /DIRECT ROLLOVER CERTIFICATION FORM INSTEAD)

PLEASE SIGN THIS SECTION AND RETURN COMPLETED FORM TO MIDATLANTIC IRA

Please send all ORIGINAL application paperwork to:

REMINDER - A copy of your most recent account statement (all pages) MUST be attached.

1. I hereby agree to the terms and conditions set forth in the Account Asset Transfer Authorization and acknowledge having established a self-directed IRA account through the execution of the _____ (Name of IRA Plan) account application.

2. I understand the rules and conditions applicable to an Account Transfer.

3. I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.

4. I understand that no one at MidAtlantic IRA, LLC has authority to agree to anything different than my foregoing understandings of MidAtlantic IRA, LLC policy.

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office

YOUR SIGNATURE _____

DATE ____ / ____ / ____



A Medallion Guarantee is a special signature guarantee for the transfer of securities. It may be required by the institution that currently holds your IRA monies. Check with them to determine if you need to have this Medallion Guarantee to transfer your money to us.

Medallion Guarantee Stamp

PLEASE SEND MY TRANSFER REQUEST TO MY PRESENT CUSTODIAN

VIA ☐ Mail ☐ Express Delivery (additional fees apply) ☐ Fax _____

PLEASE SEND CASH FROM PRESENT CUSTODIAN TO MIDATLANTIC IRA

VIA ☐ Mail /Check ☐ Wire

DELIVERY FIRM USE ONLY

WIRE INSTRUCTIONS:

First United Bank & Trust
150 East Street, #101
Frederick, MD 21701

ABA# 052100987
AC# 517022934
BENEFICIARY: MidAtlantic IRA, LLC
REFERENCE: (Client Name) IRA

CHECKS AND PHYSICAL CERTIFICATES:

MidAtlantic IRA, LLC FBO (Client Name) IRA
118 West Church Street
Frederick, MD 21701

ALL CHECKS MUST BE WRITTEN:

MidAtlantic IRA FBO (Client Name) IRA

ACCEPTANCE OF RECEIVING CUSTODIAN

Pursuant to a limited written delegations, Mainstar Trust, as Custodian ("Custodian"), has authorized MidAtlantic IRA, LLC to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt, to the Account established by MidAtlantic IRA, LLC, on your behalf. Mainstar Trust, ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR FUNDS.

MidAtlantic IRA, LLC on behalf of Custodian, Mainstar Trust

MidAtlantic IRA, LLC, Authorized Signature: _____ Date ____ / ____ / ____

MIRA Account # _____ **TYPE** ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ Rollover IRA ☐ Beneficiary IRA ☐ _____

Rollover/Direct Rollover Form

IF YOUR FUNDS ARE COMING FROM A 401K, EMPLOYER SPONSORED PLAN OR YOU TOOK POSSESSION OF YOUR IRA FUNDS AND ARE WITHIN THE A 60-DAY ROLLOVER - COMPLETE THIS FORM

Please fax, mail or email paperwork to:

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701
240/575.3880 office
transfers@midatlanticira.com

Account Holder's Name : _____

MIRA Account Number: _____ Daytime Telephone #: _____

Address: _____

City _____ State _____ Zip _____

FORMER CUSTODIAN OR EMPLOYER PLAN INFORMATION

Name of Former Custodian or Employer Plan: _____

Former Custodian or Employer Plan Account No: _____

☐ A copy of my most recent account statement is Attached

Form of Rollover **THIS ROLLOVER/DIRECT ROLLOVER IS:**

☐ COMPLETE ROLLOVER ☐ PARTIAL ROLLOVER

I AM DOING A ROLLOVER/DIRECT ROLLOVER OF:

☐ CASH: ☐ all available cash OR ☐ specific amount \$ _____

☐ IN-KIND ASSETS: Please complete Section D below if you are rolling over assets in-kind.*

*Note: Distributing and rolling over assets "in-kind" refers to the process of re-registering an asset with the proper vesting for your MidAtlantic IRA Account. For example, as MidAtlantic IRA FBO [Account Holder's Name] IRA# [Account Number].

ASSET(S) DESCRIPTIONS

Asset Description	Asset Value
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PLEASE SELECT ONE OF THE FOLLOWING:

Part 1. ROLLOVER FROM ANOTHER IRA (OR ANOTHER SIMPLE IRA)

☐ I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time home buyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time home buyer.)

Rollover/Direct Rollover Form

IF YOUR FUNDS ARE COMING FROM A 401K, EMPLOYER SPONSORED PLAN OR YOU TOOK POSSESSION
OF YOUR IRA FUNDS AND ARE WITHIN THE A 60-DAY ROLLOVER - COMPLETE THIS FORM

Please fax, mail or email paperwork to:

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office
transfers@midatlanticira.com

3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA. Date employee first participated in original SIMPLE IRA: ____ / ____ / ____

Part 2. ROLLOVER/DIRECT ROLLOVER FROM AN EMPLOYER PLAN

☐ I certify that the following statements are true and correct:

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employees' Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more.
3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant, the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
6. I certify that this Rollover/Direct Rollover does not contain a distribution from a Designated Roth Contribution Account.

Part 3. ADDITIONAL INFORMATION FOR ROLLOVERS BEGINNING AT AGE 72

I received the distribution from the other plan on ____ / ____ / ____ . This distribution ☐ is ☐ is not an outstanding rollover as of the prior December 31st.

I certify that this rollover does not include any required minimum distribution from the distributing plan, or I certify that I have already satisfied my required minimum distribution for the IRA being rolled over from another IRA.

SIGNATURE OF ACCOUNT HOLDER

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I understand that this will not be a valid IRA rollover unless PART I or PART II (and, if applicable, PART III) are correct statements. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions from qualified plans, qualified annuities, 403(b) plans, governmental 457(b) plans, or the Federal Employees' Thrift Savings Plan and Rollovers/Direct Rollovers to IRAs, MidAtlantic IRA, LLC has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I hereby release MidAtlantic IRA, LLC and the Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

Signature of Account Holder: _____ Date ____ / ____ / ____

Interested Party Designation

Please send this ORIGINAL document to

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office
www.MidAtlanticIRA.com

ACCOUNT HOLDER

Name _____

Account Number (s): _____

This Interested Party Designation authorizes your spouse, financial advisor or other person identified below to receive information about your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account. Please read carefully before signing.

This form must be completed in full and will only be accepted with an original account holder signature.

This Designation will remain in effect until the Administrator has received written notice of revocation from the Account Holder. Account Holder agrees to indemnify and hold harmless Administrator and/or Custodian, against all claims, actions, costs and liabilities, including attorney's fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.

NAME OF INTERESTED PARTY

Name of Interested Party _____

Company Name (if applicable) _____

Relationship to Account Holder _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

ACCOUNT HOLDER SIGNATURE _____

DATE ____ / ____ / ____

FOR OFFICE USE ONLY Signature Verified

by _____ on ____ / ____ / ____

Please send this ORIGINAL notarized document to

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701

240/575.3880 office
www.MidAtlanticIRA.com

Account Holder

Last Name: _____ First Name: _____

Account Number (s): _____

*This LPOA gives your designated agent the power **to conduct all transactions** (with the exceptions noted below) in your Account. Please read carefully before signing.*

This form must be completed in full and will only be accepted with original signatures.

I hereby authorize _____ to be my agent and attorney-in-fact to conduct all transactions, except as limited below, to the extent of the terms as previously agreed to in my Account Application. This LPOA may not be used to direct distributions or transfers.

Attorney-in-Fact Contact Information

Name of Attorney-in-Fact _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

This LPOA will remain in effect until the Administrator and/or Custodian has received written notice of revocation from the Account Holder. I understand that neither the administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Administrator and/or custodian harmless from any claims, including, but not limited to actions, liabilities, losses, penalties, fines, attorneys' fees, and/or third party claims, arising out of and/or in connection with their reliance on this LPOA. This indemnity and hold harmless provision shall survive any Termination of the LPOA. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorney's fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be any default with regard to this investment. For the purposes of this paragraph, the terms Administrator and Custodian include MidAtlantic IRA, LLC its agents, assigns, joint ventures, affiliates and/or business partners.

If any provision of the LPOA is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Signature of Attorney-in-Fact _____ Date ____ / ____ / ____

NOTARY CERTIFICATION REQUIRED

Account Holder Name: (please print) _____

Account Holder Signature: _____

State of _____ County of _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____

_____ ☐ to me personally know OR ☐ who produced the foregoing _____

as identification, to me known to be the person described in and who executed instrument and acknowledged before me that he executed the same.

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 20____

Name (please print) _____ Signature _____ Commission Expires ____ / ____ / ____

Notary
Seal