

## WEAC IRA Account Application

(Select account type[s].)

- Traditional**    **Inherited IRA:** Name of Deceased: \_\_\_\_\_  
 **Roth**   Deceased Social Security No.: \_\_\_\_\_  
 Relation to Deceased: \_\_\_\_\_  
 Deceased Date of Birth: \_\_\_\_\_   Date of Death: \_\_\_\_\_

### 1. Applicant Information

|  |   |
|--|---|
| Name _____<br><small style="margin-left: 40px;">Last                      First                      Middle</small>  | Social Security No. _____   |
| Address _____<br><br>_____<br><small style="margin-left: 40px;">City                                      State                                      ZIP</small> | Employer Name _____   |
| Phone ( _____ ) _____  | Retirement Date (if applicable) _____   |
| E-Mail Address _____   | Date of Birth _____   |
|  | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed<br>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Wisconsin Resident <input type="checkbox"/> Yes <input type="checkbox"/> No   (WI RESIDENCY REQUIRED) |

We will verify your eligibility for the WEAC IRA. If you are related to an eligible person, please indicate below:  
 I am a { Spouse    Spouse's parent    Domestic partner    Parent    Child} of an eligible person: \_\_\_\_\_  
(PRINT ELIGIBLE PERSON'S NAME)

### 2. Personal Identification and Verification Record (This section must be completed.)

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires us to obtain, verify, and record information that identifies each person who opens an account. We will verify the information provided below.

**Are you an agent for a foreign or offshore private banking/trust account?**    yes    no

Type of identification (choose one):

- Driver's license
- Passport
- Government ID

Identification Issued by: \_\_\_\_\_   Date Issued: \_\_\_\_\_

Document ID#: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

### 3. Enrollment Information—I will fund my IRA via the following method:

- Check attached** in the amount of \$ \_\_\_\_\_ for tax year \_\_\_\_\_.
- SmartPlan**—Enclose a personalized voided check for this account, NOT a deposit slip. Please submit a completed *SmartPlan IRA Authorization or Modification(s)* form with this application.
- Trust Advantage** (if available in your school district)—per paycheck deduction of \$ \_\_\_\_\_ (\$20 monthly minimum).
  - If new to *Trust Advantage*, please submit a *Payroll Deduction Authorization* form to your payroll coordinator.
  - If already contributing through *Trust Advantage* for an existing WEAC IRA, please complete a *Trust Advantage IRA Enrollment or Modification(s)* form and submit it with this application.
- Direct transfer/rollover from WEA TSA Trust or other company account.** Please submit a completed *Request for Transfer/Rollover to IRA* form with this application.
- Rollover check attached in amount of \$ \_\_\_\_\_ from a distribution** within the past 60 days from my employer's plan or another IRA.

#### 4. Investment Allocation (Must be in whole number percentages.)

Allocations must be in whole numbers and total 100% or your allocation will default to the age appropriate target retirement fund as published by Vanguard. For more information about choosing investments, please refer to pages 8-19 of *Your IRA Enrollment Booklet*.

If you prefer to create and manage your own portfolio, choose investments in SECTION B.

**SECTION A**—For those who prefer to have their investment portfolio managed for them.

##### VANGUARD TARGET RETIREMENT FUNDS

|                                       |       |   |
|---------------------------------------|-------|---|
| #53 Vanguard Target Retirement Income | _____ | % |
| #76 Vanguard Target Retirement 2015   | _____ | % |
| #77 Vanguard Target Retirement 2025   | _____ | % |
| #78 Vanguard Target Retirement 2035   | _____ | % |
| #79 Vanguard Target Retirement 2045   | _____ | % |
| #54 Vanguard Target Retirement 2060   | _____ | % |

**SECTION B**—For those who prefer to manage their own investment portfolio.

##### FIXED INCOME

|                                      |       |   |
|--------------------------------------|-------|---|
| #10 Prudential Guaranteed Investment | _____ | % |
|--------------------------------------|-------|---|

##### LARGE-CAP STOCK MUTUAL FUNDS

|   |       |   |
|---|-------|---|
| #63 T. Rowe Price Equity Income         | _____ | % |
| #70 Vanguard Institutional Index        | _____ | % |
| #84 Parnassus Core Equity Institutional | _____ | % |
| #43 Fidelity Contrafund                 | _____ | % |
| #64 T. Rowe Price Growth Stock          | _____ | % |

##### MID-CAP STOCK MUTUAL FUNDS

|                                   |       |   |
|-----------------------------------|-------|---|
| #66 T. Rowe Price Mid-Cap Value   | _____ | % |
| #52 Vanguard Mid-Cap Index Signal | _____ | % |
| #65 T. Rowe Price Mid-Cap Growth  | _____ | % |

##### INTERNATIONAL STOCK MUTUAL FUNDS

|  |       |   |
|--|-------|---|
| #33 Oppenheimer Developing Markets I   | _____ | % |
| #42 Fidelity Diversified International | _____ | % |

##### SMALL-CAP STOCK MUTUAL FUNDS

|                                     |       |   |
|-------------------------------------|-------|---|
| #61 T. Rowe Price Small-Cap Value   | _____ | % |
| #51 Vanguard Small-Cap Index Signal | _____ | % |
| #32 ClearBridge Small Cap Growth I  | _____ | % |

##### SPECIALTY MUTUAL FUNDS

|                                   |       |   |
|-----------------------------------|-------|---|
| #60 T. Rowe Price New Era         | _____ | % |
| #23 PIMCO All Asset Institutional | _____ | % |

**Sum of Sections A and B must equal 100%.**

*Acceptance of account by trustee is completed electronically.*

#### 5. Prohibition of Telephone Access

All your retirement accounts will be authorized for person-to-person telephone transactions and release of account information to you, your spouse, or domestic partner by phone unless you check the box below. Neither WEA Member Benefits nor its agents will be liable for any actions taken in compliance with such instructions that they believe to be genuine.

- I do **NOT** authorize WEA Member Benefits to act upon telephone instructions regarding my WEAC IRA and/or WEA TSA Trust account(s). I understand that WEA Member Benefits will only accept and act upon written instructions from me regarding my account(s).

If you do not check this box, please provide a password which will allow WEA Member Benefits to discuss your account or take investment instructions from your spouse: \_\_\_\_\_ (up to 10 characters). If no password is provided, we will not be able to take any instructions from your spouse.

The Trustee Custodian for the WEAC IRA accounts is Verisight Trust Company.

**6. Beneficiary Information**

No matter how you complete this designation, if you are married at the time of your death, your spouse may have enforceable claims on your account pursuant to Wisconsin's marital law. You may wish to consult your attorney on this matter. Please see Step 5 of the IRA Enrollment Booklet for further information.

|         |                        |               |              |   |
|---------|------------------------|---------------|--------------|---|
| Name    | Social Security Number | Date of Birth | Relationship | Percentage  |
| Address | City                   | State         | ZIP          | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary |

|         |                        |               |              |   |
|---------|------------------------|---------------|--------------|---|
| Name    | Social Security Number | Date of Birth | Relationship | Percentage  |
| Address | City                   | State         | ZIP          | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary |

|         |                        |               |              |   |
|---------|------------------------|---------------|--------------|---|
| Name    | Social Security Number | Date of Birth | Relationship | Percentage  |
| Address | City                   | State         | ZIP          | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary |

|         |                        |               |              |   |
|---------|------------------------|---------------|--------------|---|
| Name    | Social Security Number | Date of Birth | Relationship | Percentage  |
| Address | City                   | State         | ZIP          | <input type="checkbox"/> Primary Beneficiary<br><input type="checkbox"/> Contingent Beneficiary |

(List additional beneficiaries on a separate page—include your account ID number, signature, and date on all additional pages.)

**7. Signature and Date (Required)**

I understand the eligibility requirements for the type of IRA deposit I am making, and I state that I qualify to make the deposit. I received a copy of the *IRA Account Application, Plan Agreement, Financial Disclosure*, and the IRA disclosure statement. I understand that the terms and conditions that apply to this IRA are contained in this *IRA Account Application* and the *Plan Agreement*. I agree to be bound by those terms and conditions. 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 WEA Member Benefits. I acknowledge that WEA Member Benefits does not provide tax, investment, or legal advice.

I acknowledge that I have read the mutual fund prospectus(es) of any of the investments I have selected.

I assume complete responsibility for all of the following: (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; and (3) the tax consequences of any contributions (including rollover contributions and conversions) and distributions.

**Taxpayer Certification:** Under penalty of perjury, I certify that the Social Security number provided in *Applicant Information* section is the correct federal taxpayer identification number. I also certify that all information provided in this application is accurate to the best of my knowledge.

**Applicant's (or Guardian's, if Minor) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If applicant is a minor, the Guardian must complete the Indemnification Agreement to Establish an Individual Retirement Account for a Minor.*

|   |  |   |   |  |                                   |  |   |  |
|---|--|---|---|--|-----------------------------------|--|---|--|
| <b>What prompted you to enroll in this program? (Optional) Please select one:</b> |  |   |   |  |                                   |  |   |  |
| <input type="checkbox"/> Heard about us from another source                       | <input type="checkbox"/> Received info from school business office | <input type="checkbox"/> Received a mailing | <input type="checkbox"/> <i>Trust Advantage</i> meeting | <input type="checkbox"/> Seminar or convention | <input type="checkbox"/> Web site | <input type="checkbox"/> Newsletter or publication | <input type="checkbox"/> Referral from Trust staff person |  |

**For internal use only. Face-to-face meeting conducted by:** \_\_\_\_\_

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