

IRA APPLICATION

MARSICO FUNDS®

IMPORTANT INFORMATION

Do not use this application to establish a regular Marsico Funds account. To request a Marsico Funds Account Application and/or a Marsico Funds IRA Transfer Form, please call **888-860-8686** or visit our website at **marsicofunds.com**. If you have any questions, please contact an Investor Service Representative at **888-860-8686**.

NEW PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law now requires all financial institutions 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, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

In order to open your IRA account, you must complete sections 1, 2, 3, 4, 5, 6, 13 of this application and sign section 14.

1 ACCOUNT REGISTRATION

IRA Owner information (Deceased Individual if established as inherited IRA, responsibility party of IRA is for a minor.

(Deceased) Owner's Social Security Number _____ Date of Birth _____

(Deceased) Owner's Name (first, middle, last) _____

Inherited IRA Owner or Responsible Person's Social Security Number _____ Date of Birth _____

Inherited IRA Owner or Responsible Person's Name (first, middle, last) _____

2 MAILING ADDRESS

Applications will only be accepted if they contain a U.S. or Puerto Rico address.

Street (If P.O. Box, please also complete the residential/street address box below.) _____

City, State, ZIP Code _____

() () _____
Daytime Telephone _____ Evening Telephone _____

() _____
Fax Number _____ E-Mail Address _____

Additional Address or **Broker Dealer Information** (if applicable)

Residential/Street Address

To send copies of confirms and statements for this account (optional)

Name (first, middle, last) _____

Street _____

City, State, ZIP Code _____

Broker Dealer Rep. Name _____ Broker Dealer Account Number _____

3 TYPE OF ACCOUNT (Please select all that apply)

Traditional IRA For Tax Year _____

Roth IRA For Tax Year _____ Year Roth IRA Started _____

If you are converting a Marsico Funds IRA, please include your Account Number.

Account Number _____

Spousal Roth IRA For Tax Year _____

Spousal IRA For Tax Year _____

If electing this option, the non-earning spouse must be shown as the account holder in Section 1 above.

SEP-IRA For Tax Year _____

Rollover

You had constructive receipt of assets for less than 60 days or you have authorized a direct rollover from a qualified plan. If this is a Rollover Account, please specify the type of account held by the previous Custodian:

Traditional IRA to Traditional IRA

Traditional IRA to Roth IRA

Roth IRA to Roth IRA

Employer-Sponsored SIMPLE to Traditional IRA

Other Employer-Sponsored Plan to Traditional IRA

Other Roth Employer-Sponsored Plan to Roth IRA

Is this IRA comprised of inherited assets (Beneficiary IRA or Qualified Retirement Plan)?

Yes* No

*If yes, are you the spouse and sole beneficiary of the assets and opting to treat the IRA as your own? Yes No

If no, please complete section 15 Beneficiary Distribution Option Election

Transfer—You did not have constructive receipt of assets; assets are a direct transfer from the previous Custodian. **If this is a Transfer, you must also complete an IRA Transfer Form.**

Please Note:

If you are age 72 or older, you must take your minimum annual distribution from your account with the current Custodian before rolling over your IRA or other retirement assets or processing a trustee to trustee conversion to the Marsico Funds. **If this is a trustee to trustee conversion, you must also complete an IRA Transfer Form.**

4 YOUR FUND SELECTION(S)

The initial minimum investment for the Investor Class is \$1,000 (\$500 for Spousal IRA) per Fund and must accompany the completed application.

Payment by Check Please Make Checks Payable to Fund Name

Purchase by Wire Call **888-860-8686** for Instructions

40 – Marsico Focus Fund (Investor Class) \$ _____

41 – Marsico Growth Fund (Investor Class) \$ _____

42 – Marsico Midcap Growth Focus Fund (Investor Class) \$ _____

43 – Marsico International Opportunities Fund (Investor Class) \$ _____

45 – Marsico Global Fund (Investor Class) \$ _____

The initial minimum investment for the Institutional Class is \$100,000. An IRA transfer is required.

540 – Marsico Focus Fund (Institutional Class) \$ _____

541 – Marsico Growth Fund (Institutional Class) \$ _____

542 – Marsico Midcap Growth Focus Fund (Institutional Class) \$ _____

543 – Marsico International Opportunities Fund (Institutional Class) \$ _____

545 – Marsico Global Fund (Institutional Class) \$ _____

Total \$ _____

5 DESIGNATION OF IRA BENEFICIARIES

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 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 IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. 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.

Primary Beneficiaries:

Name of Beneficiary _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____

Name of Beneficiary _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____

Secondary Beneficiaries:

Name of Beneficiary _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____

Name of Beneficiary _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____

Application is continued on the back

6 SPOUSAL CONSENT

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences for you and your spouse so please consult with a competent advisor prior to completion. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes this spousal consent provision. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

Spouse's Signature

Date

7 AUTOMATIC INVESTMENT PLANS

Automatic Investment Program: This option allows you to make automatic monthly, quarterly, semiannual or annual investments into your Marsico Funds retirement account(s) directly from your bank account. To establish a new account with this program, you must meet the minimum investment amounts as outlined in the prospectus. **You must also include the bank information in section 8.**

Fund Name

\$ _____
Amount

Begin Investment on (month, year)

- 5th 10th 15th 20th**
 monthly quarterly semiannually annually

** If no date is specified, investments will be made on the 20th day of each month. Your first automatic investment will occur no sooner than two weeks after receipt of this application.

Important Note: IRA contributions made through the Automatic Investment Program will be credited as contributions to the year in which the shares are purchased.

8 BANK INFORMATION

You must complete this section if you would like the ability to add funds to your account electronically, conduct online purchase transactions or have redemption proceeds sent to your bank electronically. **Please attach a voided, unsigned check or deposit slip for this bank account.**

Name of Bank

Address of Bank

City, State, ZIP Code

Name(s) on Bank Account

Bank Account Number

ABA Number (available from your bank)

(_____) _____
Bank Phone Number

This is a: checking account savings account

9 TELEPHONE TRANSACTIONS

As a Marsico Funds shareholder, you have the ability to conduct purchase, exchange and redemption transactions by telephone. **You must have telephone transaction privileges in order to conduct Internet transactions (section 10).**

You will automatically be granted telephone transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

I decline telephone transaction privileges. All requests to redeem shares from this account must be submitted in writing.

10 INTERNET TRANSACTIONS

You can make purchases into your existing IRA account(s) and conduct exchange transactions over the Internet through our website by enrolling for online transaction privileges at marsicofunds.com. **Please note that you must have telephone privileges (section 9) in order to conduct online transactions. In addition, you must have ACH instructions on your account (section 8) in order to conduct online purchases.**

You will have the ability to establish online transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a medallion signature guaranteed letter of instruction signed by all registered account owners to add any online transaction privileges in the future.**

I decline online transaction privileges.

11 AUTOMATIC EXCHANGE PLAN

This option allows you to make automatic exchanges between identically registered Marsico Funds account(s). To establish a new IRA account with this program, you must meet the minimum investment amounts as outlined in the prospectus. To select this option, please complete the information below.

I hereby instruct Marsico Funds to start my Automatic Exchange Plan as described in the Prospectus to automatically exchange:

From (Fund name)

\$ _____
Amount

To (Fund name)

Beginning on the (month, year)

5th 10th 15th 20th***

*** If no date is specified, investments will be made on the 20th day of each month.

Your first automatic investment will occur no sooner than two weeks after receipt of this application.

12 ELECTRONIC DELIVERY AUTHORIZATION

You can receive shareholder reports (prospectus updates, annual report and semiannual report) and statements (transaction confirmations and account statements) in electronic rather than paper form. To enroll for this service, please visit our website at marsicofunds.com.

13 WITHHOLDING:

(FORM W-4R/OMB NO. 1545-0074) DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE

Withholding Election is not necessary for Roth Accounts.

Tax withholding does not apply to transfers, direct rollovers to employer plans, qualified charitable distributions, qualified HSA funding distributions, revocations, recharacterizations, or the amount returned as an excess contribution when removed with the earnings.

Line 1 (Recipient Information)

1a. First name and middle initial: _____

Last Name: _____

1b. Social Security Number: _____

Address: _____

City or town, state, and ZIP Code: _____

Your federal tax withholding rate is determined by the type of payment you will receive. For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2 (below). Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See the instructions and the Marginal Rate Tables (below) for more information.

Line 2

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables (below) for additional information. Enter the rate as a whole number (no decimals). Withhold Federal Income Tax of _____ %

Note: Unless a previous federal income tax withholding election is in place, or you indicate a different withholding amount above, your IRA Trustee/Custodian will withhold federal income tax at a default rate of 10%. Your withholding election is valid until you change it.

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See “**Suggestion for determining withholding**” below for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying widow(er)		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

*If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from your individual retirement arrangement (IRA). See below for the rules and options for the payment. For more information on withholding, see Pub. 505, *Tax Withholding and Estimated Tax*.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on Line 2 of this withholding certificate. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on Line 2 of this withholding certificate. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on Line 2 of this withholding certificate.

Less withholding. If permitted, you may enter a lower rate on Line 2 of this withholding certificate (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables (above) to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following.

Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on Line 2 of this withholding certificate. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on Line 2 of this withholding certificate. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on Line 2 of this withholding certificate.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on Line 2 of this withholding certificate.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter “13” on Line 2 of this withholding certificate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

STATE TAX WITHHOLDING ELECTION

Your payor cannot withhold an amount less than the required minimum for your state. If no election is made, the minimum withholding will be taken based on your state of residence on record with your payor.

Mandatory states that state withholding can be processed are Arkansas, California, Connecticut, Delaware, District of Columbia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Nebraska, North Carolina, Oklahoma, Oregon, and Vermont

I file a state tax return with the state of _____

(Select one)

- Do not withhold state income tax, unless required.
- Withhold state Income Tax of _____%
- Withhold State Income Tax of \$ _____

You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

Application is continued on the next page

14 SIGNATURE AND DATE

By signing below:

- I hereby adopt the appropriate Marsico Funds IRA Custodial Account Agreement and appoint UMB Bank, n.a., to serve as the Custodian and accept its agent to perform administrative services. I have received the current Prospectus and Privacy Policy of the Fund(s) to which I am making my initial contribution and I have read the appropriate IRA Custodial Account Agreement and Disclosure Statement and agree to be bound by their terms.
- I understand that a \$12.50 annual maintenance fee per account per Fund may be collected by redeeming sufficient shares from each Fund account balance in which I have an IRA. The Custodian may change the fee schedule from time to time.
- I understand that my account(s) will have exchange privileges with other Marsico Funds.

By completing section 8 and signing below:

- I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Marsico Funds shall be fully protected in honoring any such transaction. I also agree that the Marsico Funds may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.
- I authorize the Marsico Funds and its agents to act upon instructions (by phone, in writing, over the Internet or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account or any account into which exchanges are made. I agree that neither the Marsico Funds, the transfer agent nor UMB Bank n.a., will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed.

By signing this Application, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank n.a., may rely on what I have provided. In addition, I have read and received copies of the Application, the applicable IRS Form, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I certify that I have received and read the Funds' prospectus in which I am investing. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA transactions I conduct, and I will indemnify and hold the Custodian and its agents harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

The Depositor and UMB Bank, n.a. as Custodian hereby execute this IRA Account Application as of the date below the Owner's signature.

The owner must sign

X	_____	_____
	<i>Signature of IRA Owner (or Inherited Owner)</i>	<i>Date</i>
X	_____	_____
	<i>Responsible Party</i>	<i>Date</i>

Please complete sections 1, 2, 3, 4, 5, 6, 13 and sign section 14.

This form can also be downloaded from our website: marsicofunds.com or photocopied.

If you have any questions, please call: 888-860-8686.

Please return application to:

Marsico Funds
UMB Fund Services, Inc. – Transfer Agent
P.O. Box 3210, Milwaukee, WI 53201-3210

MA212-1223

15 IRA BENEFICIARY DISTRIBUTION OPTION ELECTION

PART I: DISTRIBUTING IRA INFORMATION

Distributing IRA: Traditional Roth SEP SIMPLE IRA
Account/Plan Number: _____

PART II: ELIGIBILITY TO ELECT

1. Are you an Eligible Designated Beneficiary?

YES NO

If you answered **NO**, **STOP**. You do not need to complete a beneficiary distribution option election.

2. If the Inherited IRA is a Traditional, SEP or SIMPLE IRA, did the IRA owner die before his/her required beginning date?

YES NO N/A (IRA is Roth IRA)

If you answered **NO**, **STOP**. You do not need to complete a beneficiary distribution option election.

3a. Nonspouse Beneficiary Only

Is this election being made on or before December 31 of the year following the IRA owner's death?

YES NO

If you answered **YES**, go to Part III.

If you answered **NO**, **STOP**. You do not need to complete a beneficiary distribution option election.

3b. Spouse Beneficiary Only

Is this election being made on or before December 31 of the year following the IRA owner's death?

YES NO

If you answered **YES**, go to Part III.

If you answered **NO**, answer the following question to determine whether a beneficiary distribution option election is required.

Is this election being made on or before *the earlier of*

December 31 of the 10th calendar year following IRA owner's year of death, or

December 31 of the year the IRA owner would have attained 73 years of age (or age 72, if born in 1950 or earlier)?

YES NO

If you answered **YES**, go to Part III.

If you answered **NO**, **STOP**. You do not need to complete a beneficiary distribution option election.

PART III: BENEFICIARY DISTRIBUTION OPTION ELECTION

Electing one of the distribution options below does not preclude you from accelerating distributions at any time. If you are a spouse beneficiary, electing one of the distribution options below also does not preclude you from moving the inherited IRA funds to an IRA established in your own name in the future.

(Select one)

- Life Expectancy Payments
 10-Year Rule

PART IV: ACKNOWLEDGMENT

By signing this *IRA Beneficiary Distribution Option Election*, I certify that the information I have provided is true and correct. I authorize the Trustee/Custodian to rely on the information I have provided. I understand that I am responsible for ensuring I am eligible to make this election. All decisions regarding this election are my own, and I assume responsibility for any adverse tax consequences which may arise from the election and will indemnify and hold the Trustee/Custodian harmless from any consequences related to my election. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I understand this election becomes irrevocable after the applicable deadline for making such an election. If I am a spouse beneficiary, I understand that this election does not preclude me from moving the Inherited IRA funds into an IRA in my own name.

X	_____	_____
	<i>Signature of IRA Owner (or Inherited Owner)</i>	<i>Date</i>
X	_____	_____
	<i>Signature of IRA Trustee/Custodian</i>	<i>Date</i>

DEFINITIONS

10-Year Rule. With the 10-Year Rule option when the Inherited IRA is a Roth IRA, or it is a Traditional, SEP, or SIMPLE IRA and the IRA owner died before his/her required beginning date, a beneficiary may take withdrawals as slowly or as quickly as they wish provided all funds are withdrawn by the end of the tenth year following the year of the IRA owner's death. There is no schedule for how payments must come out, but the IRA must be depleted by December 31 of the tenth year.

Life Expectancy Payment Spouse Beneficiary. With the Life Expectancy Payment Option for a spouse beneficiary, when the Inherited IRA is a Roth IRA, or it is a Traditional, SEP, or SIMPLE IRA and the IRA owner died before their required beginning date, a minimum amount must be withdrawn each year beginning in the calendar year following the IRA owner's death. However, a spouse beneficiary may generally elect to delay their first distribution until the calendar year the owner would have attained RMD age (i.e., age 72 if born after June 30, 1949, but before January 1, 1951, age 73 if born after December 31, 1950, and before January 1, 1960, and age 75 if born after December 31, 1959).

Life Expectancy Payment Nonspouse Beneficiary. With the Life Expectancy Payment Option for a nonspouse beneficiary, when the Inherited IRA is a Roth IRA, or it is a Traditional, SEP, or SIMPLE IRA and the IRA owner died before his/her required beginning date, a minimum amount must be withdrawn each year beginning in the calendar year following the year of the IRA owner's death. The life expectancy payment is generally based on the beneficiary's single life expectancy, nonrecalculated. In addition, if the beneficiary is an Eligible Designated Beneficiary only because the beneficiary is a child of the IRA owner and was under the age of 21 on the date of the IRA owner's death the entire Inherited IRA must be depleted no later than December 31 of the year in which the beneficiary attains age 31.

Required Beginning Date. The required beginning date is the date by which IRA owners must begin taking money out of their Traditional, SEP or SIMPLE IRAs. The required beginning date for individuals born before July 1, 1949, is the April 1 following the year they attained the age of 70½. The required beginning date for individuals born after June 30, 1949, but before January 1, 1951, is April 1 following the year they attain age 72. The required beginning date for individuals born after December 31, 1950, and before January 1, 1960, is April 1 following the year they attain age 73. The required beginning date for individuals born after December 31, 1959, is April 1 following the year they attain age 75.