

## **Individual Retirement Account**



### **TYPE OF ACCOUNT**

(Please select one from the list)

Traditional IRA 401(k) Rollovers SEP IRA Employer Name and Address:

Roth IRA Roth 401(k) Rollovers

Beneficiary IRA Transfer from IRA

#### **ACCOUNT OWNER INFORMATION**

First Name: Middle Name: Last Name:

Street Address (No P.O. Box): City: State: Zip Code:

SIMPLE IRA

Mobile Number: Home Number: E-mail:

Date of Birth: Social Security Number: I am a U.S. citizen (please select one option):

Yes No

### **INITIAL INVESTMENT - RENTX**

(Please select one from the list)

\$250,000 \$50,000 \$5,000

\$100,000 \$25,000 Other

### **MONTHLY AUTOMATIC INVESTMENT\* - RENTX**

(Please select one from the list)

\$5,000 \$250 Other

\$1,000 No Thanks

### **FUND THE ACCOUNT**

(Please select one option)

By providing bank information you are authorizing purchases and redemptions via ACH transfer and/or wire transfer. This authorization will allow you to make such transactions via telephone with a Client Service Representative or on the website www.sheltoncap.com. If a check to fund this account is not included with this application, the initial purchase into RENTX will be drawn from the bank account provided.

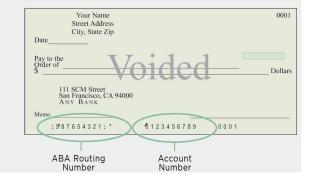
Checking Account Savings Account Transfer from another IRA Fund my account by check or wire

Name on Bank Account:

Bank Account Number:

Bank Name:

ABA Routing Number (9 Digits):



## **ACCOUNT OPTIONS**

Telephone and Exchange Privileges

Exchange Privileges: Permits exchanges between funds

via telephone request

Statement Delivery: Statements, tax forms and regulatory

documents delivered electronically

Opt out of exchange privileges

Opt out (additional fees may apply for paper delivery)

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<sup>\*</sup> Automatic investment is processed by the fifth business day every month. Call to make changes. There is a \$25.00 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason. SIMPLE IRAs and Rollover IRAs from retirement plans are not eligible for automatic investments.



Signature of Owner

# **Individual Retirement Account**



PRIMARY BENEFICIARY DESIG	NATION			
%: First Name:	Middle Name:	Last Name:		
Street Address:	City:		State:	Zip Code:
Mobile Number:	Home Number:	E-mail:		
Date of Birth:	Social Se	ecurity Number:		
SECONDARY BENEFICIARY DE	SIGNATION (Attach a sheet to de	signate additional	beneficiarie	s)
%: First Name:	Middle Name:	Last Name:		
Street Address:	City:		State:	Zip Code:
Mobile Number:	Home Number:	E-mail:		
Date of Birth:	Social Se	ecurity Number:		
Spousal Consent (Required if your spouse is not named as a sole primary beneficiary and you reside in a community or marital property state. You should consult with your own legal tax adviser to determine if spousal consent is required.)				
I am the spouse for the above-named IRA account owner. I acknowledge that a designation of a non-spurs beneficiary may not be effective in my state without my consent. I hereby consent to the beneficiary designation(s) stated above.				
Signature of Spouse		Date		
Signature and Certification (to avoid ba	ckup withholding)			
administrative services specified in the read and understand the IRA Disclosure Number (above) is correct and that I am another individual retirement account, I IRA may be billed or collected by redeem information required. I further agree to foconsist of a "confirmation of transaction Wright Street, Suite 2, Omaha, NE 68130. obtain, verify and record the following into f birth, Social Security Number and per This information will be used to verify you	Individual Retirement Account and appoin IRA Custodial Account Agreement. I have Statement and Custodial Account Agreemed of legal age. If I am opening this IRA with certify that the distribution qualifies as a raing sufficient shares from my Fund account of the terms and conditions of the IRA of statement" issued by the Custodian: Constant In compliance with the USA PATRIOT Act, a formation for all registered owners or other manent U.S. street address. Corporate, trus are true identity. We will return your application poses. In the rare event that we are unable et value.	received and read the ent. I certify under penal- a distribution from an er- ollover contribution. I un t balance. I agree to pro- Custodial Account Agree ellation Trust Company, all financial institutions (in the who may be authorized thand other entity accounts in its and other entity accounts.	prospectus for ties of perjury mployer-sponso derstand that vide the International for t	the Fund(s) and have that my Social Security ored retirement plan or the fees relating to my al Revenue Service with ance by Custodian shall nd Services, LLC, 17605 al funds) are required to account: full name, date ditional documentation. may request additional

Date