

This form is to be completed and submitted with the 401(k) Bank Account Transfer form.

Return by regular or overnight mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104
Fax: 605-415-4296 | Email: investment@IRAFinancialTrust.com | For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. 401(k) PLAN ADMINISTRATOR IDENTIFICATION

FULL NAME _____ PHONE NO. _____ ACCOUNT NUMBER _____

B. 401(k) PLAN NAME**C. QUESTIONNAIRE**

1. Will your 401(k) be lending funds to a family member?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

2. Will your 401(k) be investing jointly with a family member who is using their personal funds?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

What is the percentage of ownership of each? Self: _____ % Family Member: _____ %

3. If your 401(k) is investing in a company, do you or any family member own any personal shares/units in that company?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

4. If your 401(k) is investing in a company, are you or any family member employed by that company?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

5. If your 401(k) is investing in a company, are you or any family member the main decision-maker or majority owner of that company?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

6. If your 401(k) is investing in a company, will you or any family member receive any personal gain, whether directly or indirectly?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

7. Additional comments and/or explanations:

D. ACKNOWLEDGMENT & SIGNATURE

The undersigned 401(k) Plan Administrator confirms that this purchase does not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling, or illegal artifacts.

401(k) Plan Administrator Signature

Date (mm/dd/yy)