



SIMPLE IRA APPLICATION

Use this SIMPLE IRA Application to open a SIMPLE IRA.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 855-261-0104.

Please note that a \$15.00 annual maintenance/custodian fee will be charged.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

DEPOSITOR'S INFORMATION

_____ Depositor's Name* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Mailing Address (if different from above)		_____ City	_____ State	_____ Zip Code
_____ Daytime Phone*		_____ Evening Phone		

EMPLOYER'S INFORMATION

_____ Employer's Name* (First, M.I., Last)		_____ Name of Contact*	_____ Employer Identification Number*	
_____ Mailing Address*		_____ City*	_____ State*	_____ Zip Code*
_____ Daytime Phone*				

PART IV: BENEFICIARY DESIGNATION

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, your SIMPLE 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, your SIMPLE IRA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. 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 Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Social Security Number: _____ Date of Birth: _____
Residence Address: _____

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Addendum attached and signed for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach a copy of the trust agreement or a certification, in writing, acceptable to the IRA Trustee/Custodian.

PART V: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____

PART VI: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to Meritage Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 855-261-0104.
- From Employer** Contributions will be forthcoming from my employer.
- Other** _____

(Third party checks, counter checks, starter checks, money orders, traveler’s checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.

PART VII: SPOUSAL CONSENT

Complete this section only if you, the SIMPLE 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 to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the SIMPLE 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:

X _____ Date: _____

Witness:

X _____ Date: _____

PART VIII: ACKNOWLEDGEMENT (Note: This Application will not be processed unless signed below by the IRA Owner.)

By signing this SIMPLE IRA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the SIMPLE IRA Application, IRS Form 5305-SA, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that if the deposit establishing the SIMPLE IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I understand that I am responsible for the SIMPLE IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SIMPLE IRA Owner:

X _____ Date: _____

PART IX: FOR DEALER USE ONLY

_____		_____	
Financial Institution Name		Representative's Full Name	
_____		_____	
Address		Representative's Branch Office Telephone Number	
_____		_____	
City		State	Zip Code
_____		_____	
Dealer Number	Branch Number	Representative Number	
_____	_____	_____	
X _____		X _____	
Representative's Signature		Supervisor's Signature	

PART X: MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery
Meritage Funds
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Meritage Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246