

TRADITIONAL/SEP AND ROTH IRA APPLICATION

Use this IRA Application to open a Traditional, SEP, OR ROTH IRA.

IMPORTANT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Alpha Growth Management, LLC
PO Box 219597
Kansas City, MO 64121-9597

Overnight Delivery

Alpha Growth Management, LLC
430 W 7th Street
Suite 219597
Kansas City, MO 64105-1407

SELECT TYPE OF IRA: ☐ Traditional IRA ☐ SEP IRA ☒ Roth IRA

PART I-A: IRA OWNER INFORMATION (DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA, RESPONSIBLE PARTY IF IRA IS FOR A MINOR)

Name: _____ Taxpayer ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____ Date of Death (if applicable): _____

☐ Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *IRA Application*. If you are a spouse claiming the IRA as your own, do not complete the section below.

PART I-B: INHERITED OR MINOR IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRA OR MINOR IRA ONLY)

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

☐ Regular/Spousal Contribution Amount: _____ Tax Year(s) : _____

Amount: _____ Tax Year(s): _____

☐ Recharacterization (Complete a Recharacterization Form)☐ Conversion Amount: _____Source: ☐ Traditional IRA ☐ SEP/SIMPLE IRA*☐ Employer SEP Contribution Amount: _____☐ Direct Transfer Source: ☐ Traditional IRA☐ SEP IRA ☐ ROTH IRA ☐ SIMPLE IRA*

(Complete a Transfer Form)

☐ Rollover Source: ☐ Traditional IRA ☐ SEP IRA ☐ SIMPLE IRA*☐ Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))☐ Roth Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))☐ Other Explain: _____

* You may not transfer or rollover SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.

PART III: PAYMENT METHOD

You can open your account using any of these methods. The minimum initial purchase for each fund is \$100,000. Please check your choice:

☐ **By Check** Enclose a check payable to Alpha Growth Management for the total amount.☐ **By Wire** For wire instructions call 949.326.9796.☐ **Other** _____**PART IV: INVESTMENT SELECTION**

Name of Investment	Share Class (if applicable)	Allocation
Alpha Alternative Asset Fund		\$ _____ or _____ %
TOTAL		\$ _____ or _____ %

☐ Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

PART V: BENEFICIARY DESIGNATION

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.

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Relationship to IRA Owner: ☐ spouse ☐ nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Relationship to IRA Owner: ☐ spouse ☐ nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Relationship to IRA Owner: ☐ spouse ☐ nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Relationship to IRA Owner: ☐ spouse ☐ nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

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

PART VI: 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 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. 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: _____

X _____ Date: _____

PART VII: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)

Automatic investment program (*The completion of this section is optional*) This option provides an automatic investment into your IRA by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip. Contributions made to your IRA using the automatic investment option will be for the current tax year.

Frequency:

Choose one*: ☐ Monthly or ☐ Quarterly **Choose one*:** ☐ 5th ☐ 10th ☐ 15th ☐ 20th or ☐ 25th Begin date (month/year): _____

**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.*

Investment Information:

Fund Name: _____ Amount (\$): _____

Bank Account Information Provide information about your checking or savings account to establish an automatic investment program by ACH. Please select one of the following:

- ☐ Attach a voided check or deposit slip for your bank account. ***Please use tape; do not staple.***
☐ Provide information about your bank account below.

Enter your checking or savings account information: Account Type: ☐ Checking ☐ Savings

Name: _____

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____ BANK NAME BANK ADDRESS MEMO _____	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples. </div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 10px auto;"></div> \$ _____ DOLLARS

Telephone Transactions This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption 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 redemption privileges. All requests to redeem shares from this account must be submitted in writing.

PART VIII: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send a duplicate statement to:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

PART IX: FOR DEALER USE ONLY

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Telephone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

PART X: WITHHOLDING NOTICE AND ELECTION FORM (Form W4P/OMB No. 1545-0074) Department of Treasury, Internal Revenue Service

Withholding Election is not necessary for Roth accounts.

NOTICE: The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

Election: Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

- ☐ I do not want federal income tax withheld from my distribution from this account.
- ☐ I want federal income tax of 10% withheld from my distribution from this account.
- ☐ I want federal income tax of _____% (greater than 10%) withheld from my distribution from this account.

State Tax Withholding Election

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

☐ I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum please visit the Fund's website or contact a Shareholder Services representative at the number below. 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.

PART XI: ACKNOWLEDGEMENT <i>Note: This application <u>will not</u> be processed unless signed below by the IRA Owner (or Inherited IRA Owner.)</i>

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 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.

Signature of IRA Owner (or Inherited IRA Owner or Responsible Party):

X_____ Date:_____