

ROLLOVER FOR BUSINESS START-UP (ROBS)

Please return this form by email to ROBS@irafinancial.com

A. CLIENT INFORMATION Enter the information for all people who will be rolling over retirement funds to start the business.

| FIRST NAME | MIDDLE NAME OR INITIAL | LAST NAME | | | |
|--|------------------------|-----------------------|--|--|--|
| STREET ADDRESS (MUST NOT BE A P.O BOX) | | | | | |
| CITY | STATE | ZIP CODE | | | |
| BIRTH DATE | SOCIAL SECURITY NUMBER | HOME TELEPHONE | | | |
| DAYTIME TELEPHONE | E-MAIL ADDRESS | | | | |
| | | | | | |
| | | | | | |
| FIRST NAME | MIDDLE NAME OR INITIAL | LAST NAME | | | |
| FIRST NAME STREET ADDRESS (MUST NOT BE A P.O BOX) | MIDDLE NAME OR INITIAL | LAST NAME | | | |
| | MIDDLE NAME OR INITIAL | LAST NAME ZIP CODE | | | |
| STREET ADDRESS (MUST NOT BE A P.O BOX) | | | | | |

B. ENTITY INFORMATION

*If you already have your C-Corporation formed, please send us a copy of the articles of incorporation and IRS EIN letter with your application and signed client agreement.

| Proposed C-Corporation Name: | | | | |
|---|-------------------------|-----------------------------------|--|--|
| Please fill out all fields. | | | | |
| NAME 1 | | | | |
| NAME 2 | | | | |
| NAME 3 | | | | |
| | | | | |
| STATE OF INCORPORATION | COUNTY OF INCORPORATION | REGISTERED AGENT OF INCORPORATION | | |
| REGISTERED AGENT ADDRESS | | | | |
| MAILING ADDRESS OF CORPORATION | | REGISTERED AGENT PHONE NUMBER | | |
| PRIMARY BUSINESS ACTIVITY THE C-CORP WILL ENGAGE IN | | PHONE NUMBER OF CORPORATION | | |
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C. CORPORATION INFORMATION

| Officer(s) of the corporation: | |
|--------------------------------|--|
| PRESIDENT | |
| VICE PRESIDENT | |
| SECRETARY | |
| TREASURER | |
| DIRECTOR | |

DIRECTOR

D. 401(K) PLAN INFORMATION

Name of your new 401(k) plan:

(Plans are typically named the name of the business entity with the words "401(k) Trust" at the end.)

PLAN NAME

| Trustee(s) of the 401(k) plan: | | |
|--------------------------------|------------|------------------------|
| TRUSTEE | BIRTH DATE | SOCIAL SECURITY NUMBER |
| | | |
| | | |
| TRUSTEE | BIRTH DATE | SOCIAL SECURITY NUMBER |
| IRUSTEE | BIRTHDATE | SOCIAL SECORITY NUMBER |
| | | |
| | | |

E. OTHER BUSINESSES

Do you own any other businesses? Yes No

If yes, how many W2 employees does the company employ (not including yourself or a spouse)?

Once you have provided the above information and signed Client Agreement, our ROBS specialists will begin working on your structure. We will be providing Corporate Filings and 401(k) plan documents, all of which will be sent electronically for your review.

It is vital that we maintain communication to ensure that we are aware of your progress during the structure set-up. Since you are endeavoring to start a business, we encourage you to consider the preparation of a business plan to outline your business goals, operating procedures, marketing plan and funding sources. As with all major decisions, please seek the appropriate counsel before acting.

If you have any questions, please contact our team at 800-472-0646 ext 2067 or via email at ROBS@irafinancial.com.