

Need Multi-Part Forms? Go Green, Go Digital!

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IRA PLUS APPLICATION

1. ACCOUNT REGISTRATION / IRA TYPE

► Choose one.

IRA: Traditional Rollover
 Roth SEP

IRA-BDA: * IRA-Beneficiary Distribution Account (IRA-BDA)
 Roth IRA Beneficiary Distribution Account (Roth IRA-BDA)

Section 3 must be completed for IRA-BDA Accounts.

The IRA Account Holder is a Minor. **Provide Minor's information in Section 2 and the UGMA/UTMA Custodian's information in Section 4.**

* **Non-Spouse Beneficiaries.** Check here if you are directly rolling over inherited assets from an employer-sponsored retirement plan to an IRA-BDA for the benefit of a qualified Trust. By checking this box, you certify that you are the Trustee and that the Trust is a qualifying non-spouse beneficiary for the purpose of Section 402(c) of the Internal Revenue Code and is therefore eligible to directly roll assets from an employer-sponsored retirement plan to an IRA-BDA. Consult your tax advisor with any questions regarding this election.

2. GENERAL INFORMATION: ACCOUNT HOLDER/ESTATE/TRUSTEE/AUTHORIZED INDIVIDUAL

Personal Information

► FULL LEGAL NAME *first, middle, last* ► DATE OF BIRTH *mm/dd/yyyy*

DAY PHONE EVENING PHONE

E-MAIL

Single/Divorced/Widowed Married No. of Dependents:

► **Legal Address** *No P.O. boxes*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

Employer Information and Affiliations *Attach additional sheet if needed.*

► **Employment Status** Employed Retired Not Employed

OCCUPATION INCOME SOURCE *If retired or not employed*

EMPLOYER NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP COUNTRY

► I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

► COUNTRY OF CITIZENSHIP

► SOCIAL SECURITY NO. TAXPAYER ID NO. ► COUNTRY OF TAX RESIDENCE

► TYPE OF GOVERNMENT-ISSUED ID ► ID NUMBER

► STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ► ID EXPIRATION DATE

► **Mailing Address** Same as Legal Address

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

► I am I am not a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or policy-making officer), or an immediate family or household member of such a person. If yes, provide name of company:

COMPANY NAME COMPANY SYMBOL/CUSIP

► I am I am not affiliated with, or employed by, a stock exchange or member firm of either an exchange, the Financial Industry Regulatory Authority (FINRA), or a municipal securities Broker/Dealer. *If yes, provide name of entity:* Same as My Employer.

AFFILIATED ENTITY NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP COUNTRY

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