



Bank Number: _____

Social Security No.: _____

ACCOUNT HOLDER INFORMATION

Type of IRA:

- Traditional IRA
- Roth

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Legal Address (if different from above)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____

DOCUMENTARY EVIDENCE

Please provide the necessary information for **ONE** form of identification below:

- Driver's License: U.S., Canada, Mexican* ID Number: _____
- U.S. State ID Card Expiration Date: _____
- Passport (U.S. or foreign) State or Country of Issuance: _____
- U.S. Military ID Card Date of Issuance: _____
- Native American Tribal Identification Card
- Mexican Matricula Consular Identification Card*
- Permanent Resident Card (Green Card or Form I-551)

*Must provide a secondary document such as a bank statement, auto statement or student ID

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT AT KEY

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 customer who opens an account. Therefore, all new and existing customers are subject to the identity verification requirements.

When a customer opens an account with any entity within the KeyCorp family of companies, we will ask for the customer's name, address and identification number, and, in the case of an individual, his or her date of birth. For business accounts we may also obtain this information for individuals associated with the business. We may also request to see a valid driver's license or other approved identifying documents. In all cases, Key is committed to protecting the privacy and identity of each of its customers.

SIGNATURES

Important: Please read before signing.

I hereby adopt the Retirement Plan referenced above and appoint KeyBank as Custodian. I certify that I have received a copy of the applicable KeyBank IRA Custodial Plan Agreement and any accompanying disclosures. I understand that the terms and conditions that apply to this IRA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions.

I assume complete responsibility for:

- 1) Determining that I am eligible for an IRA each year I make a contribution.
- 2) Ensuring that all contributions I make are within the limits set forth by the tax laws.
- 3) The tax consequences of any contribution (including rollover contributions) and distributions.

I also certify under the penalties of perjury that the Taxpayer Identification Number proved above is true, correct and complete.

Account Holder Signature _____ Date: _____

ACCEPTANCE BY KEYBANK

The plan shall be deemed to have been accepted by KeyBank upon receipt of all necessary forms, properly completed.

Authorized KeyBank Signature _____ BRANCH #/RACFID _____ Date: _____

For KeyBank Use Only
This IRA Adoption Agreement is meant to supplement a Mandatory Rollover relationship. Fax to Retirement Operation at 216-357-6029.