

# Individual Retirement Account NEW ACCOUNT FORM

[FORM SRANA.2021.14]

SARATOGA  
ADVANTAGE TRUST



To help the government fight the funding of terrorism and money laundering activities, federal law (the USA Patriot Act) requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account effective October 1, 2003. What this means for you: when you open an account, we will ask for your name, address, date of birth, social security number/tax id number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you. When opening an account for a foreign business, enterprise or a non-US person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

## SECTION I: DEPOSITOR INFORMATION

I, the person signing this Adoption Agreement (hereinafter called the "Depositor"), establish an Individual Retirement Account (the "Account") with First National Bank Custodian ("Bank"). I agree to the terms of my Account, which are contained in the corresponding Bank Retirement Account Custodial Agreement and this New Account Form. I certify the accuracy of the information in this New Account Form. My Account will be effective upon acceptance by Bank.

Print Full Name

Address

City

State

Zip

Date of Birth

Social Security Number

Telephone Number

Email Address

**IMPORTANT:** If you check Spousal IRA in Section II please enter spouse's information in Depositor Information.

## SECTION II: TYPE OF ACCOUNT

If you are establishing a Roth IRA or a SIMPLE IRA, please leave this section blank and proceed to the next page. Check one box below to indicate the type of account you are establishing. You may only open one account with this form; complete a separate form for each different retirement account to be established.

☐ Regular IRA    ☐ Rollover IRA    ☐ Spousal IRA    ☐ SEP IRA    ☐ IRA BDA

### Investment Designation (choose one)

#### Annual Contributions

1. Current contribution for the year: 20\_\_\_\_.
2. Check enclosed for: \$\_\_\_\_\_.

#### Rollover

1. Please indicate the original source of the money now being rolled over below:  
☐ Prior IRA Contributions    ☐ Company Retirement Plan (e.g., 401(k) plan, pension plan, etc.)  
☐ SEP-IRA Contributions    ☐ Other: \_\_\_\_\_.
2. Check enclosed for: \$\_\_\_\_\_.
3. Complete the IRA Rollover Certification Form, if applicable.

#### Transfer assets directly from an existing IRA into an IRA account.

1. Complete the Universal IRA Transfer of Assets Form.

To establish a Roth IRA or SIMPLE IRA, please proceed to the next page.

## SECTION II: TYPE OF ACCOUNT | SIMPLE IRA

You may only open one account with this form; complete a separate form for each different retirement account to be established. If you have filled out Section II: Type of Account elsewhere on this form, please leave this section blank and proceed to the next page.

### Type of **SIMPLE IRA** Account (choose one answer below)

You are **establishing** this account in connection with a SIMPLE IRA maintained by your employer.

You are **transferring** from another SIMPLE IRA which was part of a SIMPLE IRA plan maintained by your employer. Complete the following:

1. Amount transferred: \$\_\_\_\_\_.
2. Date of First contribution to Depositor's prior SIMPLE IRA under the employer's SIMPLE IRA plan:\_\_\_\_\_.
3. Complete the Universal IRA Transfer of Assets Form if this is a transfer.

### Employer Information

Print Name

Contact Person

Contact Number

Address

City

State

Zip

## SECTION II: TYPE OF ACCOUNT | ROTH IRA

You may only open one account with this form; complete a separate form for each different retirement account to be established. If you have filled out Section II: Type of Account elsewhere on this form, please leave this section blank and proceed to the next page.

### Type of **Roth IRA** Account (choose one answer below)

#### Annual Contributions

1. Current contribution for the year: 20\_\_\_\_.
2. Check enclosed for \$\_\_\_\_\_. This contribution does not exceed the maximum permitted amount as described in the Roth IRA Disclosure Statement.

#### Conversion of an existing Regular IRA with Bank as Custodian or Trustee to a Roth IRA with Bank.

1. Current Regular IRA, Account Number:\_\_\_\_\_.
2. Amount Converted:  
All  
Part (specify how much): \$\_\_\_\_\_.

#### Rollover or Transfer from existing Regular IRA with a custodian or trustee other than Bank to a Roth IRA with Bank.

1. Complete the Universal IRA Transfer of Assets Form if transaction is a transfer (as opposed to a rollover).

#### Rollover or Transfer from existing Roth IRA with another custodian or trustee to a Roth IRA with Bank.

1. Date existing Roth IRA was originally opened:
2. Indicate whether any amount in the existing Roth IRA represents amounts converted or transferred from a Regular IRA into such other Roth IRA: Yes No  
If yes, date of the most recent conversion or transfer into such other Roth IRA:\_\_\_\_\_.
3. Complete the Universal IRA Transfer of Assets Form if transaction is a transfer (as opposed to a rollover).

**IMPORTANT:** If a conversion, rollover or transfer from a Regular IRA to a Roth IRA is being made, only amounts converted, rolled over or transferred during the same tax year will be accepted in a single Roth IRA. A separate Roth IRA must be established to hold such amounts from a different tax year.

### SECTION III: DESIGNATION OF BENEFICIARY

Complete this section to designate your beneficiaries. Alternate Beneficiaries receive distributions only if there are no surviving Primary Beneficiaries. Please specify the percentage of the total distribution to be received by each beneficiary.

As Depositor, I hereby make the following designation of beneficiary in accordance with the First National Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

#### Primary Beneficiary or Beneficiaries

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Proportion</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

#### Alternate Beneficiary or Beneficiaries

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Proportion</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**IMPORTANT:** This Designation of Beneficiary may have important tax or estate planning effects. Also, if you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your Account. See your lawyer or other tax professional for additional information and advice.

### SECTION IV: SPOUSAL CONSENT

This section should be reviewed if the accountholder is married and designates a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness for Spouse

\_\_\_\_\_  
Date

SECTION V: INVESTMENTS

I acknowledge that I have sole responsibility for my investment choices and have received a current prospectus for each Fund selected.

1. Please invest all amounts in my Account into the Saratoga Advantage Trust Portfolios as indicated below:  
(Use either \$ or %, not both. If using %, your total must add up to 100%)

Portfolio Name	Investment Amount	Investment Percentage	Portfolio Name	Investment Amount	Investment Percentage
Conservative Balanced Allocation	\$ _____	_____ %	Health & Biotechnology	\$ _____	_____ %
Moderately Conservative Balanced Allocation	\$ _____	_____ %	Technology & Communications	\$ _____	_____ %
Moderate Balanced Allocation	\$ _____	_____ %	Energy & Basic Materials	\$ _____	_____ %
Moderately Aggressive Balanced Allocation	\$ _____	_____ %	Financial Services	\$ _____	_____ %
Aggressive Balanced Allocation	\$ _____	_____ %	Investment Quality Bond	\$ _____	_____ %
Large Capitalization Value	\$ _____	_____ %	Municipal Bond	\$ _____	_____ %
Large Capitalization Growth	\$ _____	_____ %	U.S. Government Money Market	\$ _____	_____ %
Mid Capitalization	\$ _____	_____ %			
Small Capitalization	\$ _____	_____ %			
International Equity	\$ _____	_____ %			

Or, if you have reviewed an asset allocation model, and would like to use the current suggested asset allocation, please list the model number here: **Model #** \_\_\_\_\_

2. I elect to use the following class of shares (choose one): ☐ I Shares ☐ C Shares ☐ A Shares

I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus for each Fund I select.

**IMPORTANT:** Please read the prospectus(es) of the Fund(s) selected before investing.

**IMPORTANT for SIMPLE IRAs:** If your employer has established its SIMPLE IRA Plan with a designated financial institution, the following two rules apply: (1) if you have elected to transfer contributions to your SIMPLE IRA account to another SIMPLE IRA in accordance with the election procedures under your employer's SIMPLE IRA plan, contributions will be held in [DESIGNATION OF NO-COST ALTERNATIVE] and you will not have the option to choose to invest in other funds pending transfer to your chosen transferee IRA; (2) if contributions are made to your SIMPLE IRA account before the period for you to elect to transfer contributions to a transferee IRA has expired, you must choose [DESIGNATION OF NO-COST ALTERNATIVE] in order to transfer without any fees or changes; otherwise, normal fund loads, fees or other charges will apply.

## SECTION VI: BROKER/ADVISOR INFORMATION (IF APPLICABLE; TO BE COMPLETED BY BROKER/ADVISOR)

Name	Rep. Number	Firm Name	
Branch Address			
Branch Number	Dealer Number	Rep. Telephone Number	Rep. Email Address

## SECTION VII: CERTIFICATIONS AND SIGNATURES

**Regular IRA, Rollover IRA, Spousal IRA, SEP-IRA or IRA BDA:** I am establishing an Individual Retirement Account (IRA) with First National Bank (FNB) as Custodian. I have received, read, and agree to the terms of my Account which are contained in the document entitled FNB Traditional/Roth Individual Retirement Account Custodial Agreement and this Adoption Agreement. I certify the accuracy of the information in this Adoption Agreement. I understand that my Account will be effective upon acceptance by FNB. I have received and read the IRA Disclosure Statement relating to this Account (including the Custodian's fee schedule), and I acknowledge the receipt of both the Custodial Account document and the IRA Disclosure Statement at least 7 days prior to the date inscribed below and I acknowledge that I have no further right of revocation. **SIMPLE IRA:** Participant has received and read the "SIMPLE IRA Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Custodial Account document, and the "Instructions" pertaining to this Adoption Agreement. Participant has also received and read the summary description and notice from the employer relating to the employer's SIMPLE IRA plan. **Roth IRA:** If Depositor has indicated a Conversion, Transfer or a Rollover of an existing Regular IRA to a Roth IRA, Depositor acknowledges that the amount converted will be treated as taxable income (except for prior nondeductible contributions) for federal income tax purposes. If Depositor has indicated a Rollover from another Roth IRA, Depositor certifies that the information given above is correct and acknowledges that adverse tax consequences or penalties could result from giving incorrect information. Depositor has received and read the "Roth IRA Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Roth IRA Custodial Account document, and the "Instructions" pertaining to this Adoption Agreement. Depositor acknowledges receipt of the Custodial Account document and IRA Disclosure Statement at least 7 days before the date specified below with Depositor's signature and acknowledges that Depositor has no further right of revocation.

I have received, read, and agree to the terms of the prospectus for the Saratoga Advantage Trust (the "Trust"). I have the authority and legal capacity to purchase mutual fund shares and establish this Account, am of legal age in my state, and believe each investment is suitable for me.

Depositor acknowledges and understands that the beneficiaries named herein may be changed or revoked at any time by filing a new designation in writing with the Custodian. All forms must be acceptable to the Custodian and dated and signed by the Depositor.

I understand that the Trust's distributor and the Trust's transfer agent will employ reasonable procedures for telephone exchanges to confirm that the instructions received from shareholders or their financial advisors are genuine, and if they do not, the distributor or the transfer agent may be liable for any losses due to unauthorized or fraudulent instructions. Shareholders will be required to provide their name, address, social security number or other identifying information. Financial advisors must identify themselves and their firm and the Trust's distributor will confirm that such firm has a valid selling agreement with the Trust's distributor and that the financial advisor is authorized to act on behalf of the firm. I understand that I and my financial advisor will automatically have the right to make telephone exchanges unless I indicate otherwise as set forth above.

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date

If the Depositor is a minor under the laws of the Depositor's state of residence, a parent or guardian must also sign the Adoption Agreement here. Until the Depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the Depositor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Custodial Acceptance

First National Bank will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of First National Bank's acceptance of appointment as Custodian of the Depositor's Account.

\_\_\_\_\_  
First National Bank, Custodian

\_\_\_\_\_  
Date

#### MAILING INSTRUCTIONS

Please return this form and your check (if applicable) made out to the Saratoga Advantage Trust to:

The Saratoga Advantage Trust  
c/o Ultimus Fund Solutions  
4221 N 203rd Street, Ste 100  
Elkhorn, NE 68022-3474

#### ADDITIONAL INFORMATION

For information about the Saratoga Advantage Trust, please consult the Trust's Prospectus(es).

Further information can be found at the  
Trust's website:

[www.saratogacap.com](http://www.saratogacap.com)

*Thank you for choosing the Saratoga Advantage Trust.*

# THE SARATOGA ADVANTAGE TRUST

