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# 403(b) CUSTODIAL ACCOUNT APPLICATION

## A PARTICIPANT INFORMATION

Mr.  Mrs.  Ms. Name:

Home Telephone:

Work Telephone:

E-mail Address:

Social Security No.:

Date of Birth:

Residential Address (P.O. box **not** acceptable):

Address:

City:

State:

Zip:

Account's Mailing Address If Different From Above (used as address of record):

Address:

City:

State:

Zip:

Driver's License:

No.:

State:

## B EMPLOYER INFORMATION

- My 403(b) account is from a past employment and my current employer is NOT involved. Skip this section and proceed to Section C.
- If your account will be part of your current employer's 403(b) plan, you must fill out the Employer Information and your employer must submit an Employer Agreement.

Employer Name:

Address:

City:

State:

Zip:

Name of Contact Person:

Phone No.:

**IMPORTANT REQUIREMENT: Unless your employer has previously submitted an Information Sharing Agreement to Millennium Trust Company, you must submit an Information Sharing Agreement Form #403(b)-002, completed by your employer with this application.**

## C FUNDING METHOD

Check boxes and complete, as applicable.

- Salary Deferral Contribution \$
- Transfer from another 403(b) Plan (Please complete 403(b) to 403(b) Account Transfer Form #403b-008.)
- Rollover from another eligible retirement plan \$  
(Enclose check payable to Millennium Trust Company with this application.)

*Please continue to page two to complete this form.*



**D ALLOCATION OF FUTURE CONTRIBUTIONS**

List the Mutual Fund(s) along with the investment percentages to be allocated to each fund. Contributions must be remitted to Millennium Trust Company by your employer. Attach additional sheets if necessary.

**Note: Percent total must equal 100% with investment elections in increments of 10%.**

Mutual Fund Name	Ticker	Share Class	Percentage

Total = 100%

**E ACCOUNT ACCESS AND STATEMENT PREFERENCES**

Please indicate your preferences with respect to online account access (*E-mail address required in Section A*) and statements. Accounts receiving hard copy statements will be charged a fee of \$5.00 per statement. If no option is selected, and if you have provided your e-mail address above, your account statements will be made available to you online, otherwise you will receive hard copy statements quarterly.

- Prefer 24-Hour Online Account Access with Quarterly Online Statements**  
I want online access to my account(s) and my statements.
- Prefer 24-Hour Online Access and Quarterly Statements in Mail**  
I want online access to my account(s) and online statements, *and* hard copy statements (\$5.00 charge per statement) quarterly through the U.S. Mail.
- Decline 24 Hour Online Account Access and Receive Quarterly Statements in Mail**  
I decline online access and prefer to receive hard copy statements (\$5.00 charge per statement) quarterly through the U.S. Mail.

**F PAYMENT OF FEES**

I, the undersigned, acknowledge that I have had the opportunity to review the Custodian’s 403(b) Fee Schedule. I understand and agree that all of Custodian’s fees will be taken directly from my 403(b) Custodial Account. I further understand and agree that the fees may change over time.

**G PROGRAM FOR TEMPORARY INVESTMENT OF CASH**

I acknowledge that cash in my 403(b) Custodial Account awaiting investment or distribution may be temporarily invested in the Federated Government Obligations Fund Trust Shares. I have had an opportunity to review the prospectus for the Fund which is found at [www.federatedinvestors.com/daf/pdf/prospectus/28147.pdf](http://www.federatedinvestors.com/daf/pdf/prospectus/28147.pdf).

**H ACCOUNT BENEFICIARY INSTRUCTIONS**

I, the undersigned, hereby make the following beneficiary designation. In the event of my death, pay benefits to the following named primary beneficiary(ies). If you are married and designate a beneficiary other than your spouse, have your spouse sign the spousal consent below if you live in a community property state. If more than one primary or contingent beneficiary is designated, the assigned percentages must equal 100%, or the beneficiaries will be assigned equal percentages. Contingent Beneficiaries take hereunder only if all Primary Beneficiaries fail to survive me. If multiple Primary or Contingent Beneficiaries are named, as to each Beneficiary that shall not survive me, his or her share (if any for a Contingent Beneficiary) shall be distributed to the remaining Beneficiaries, Primary or Contingent as the case may be in the proportions shown. Additional beneficiary designations or changes must be made via the proper form.

Full Name	Relationship	Soc Sec #	Birth Date	% to Beneficiary
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**Primary Beneficiaries**

**Contingent Beneficiaries**

*Please continue to page three to complete this form.*

**H ACCOUNT BENEFICIARY INSTRUCTIONS CONTINUED**

**Spousal Consent:** Complete this section if (1) Account Owner is married and has designated a Primary Beneficiary other than his/her spouse; and (2) this 403(B) account includes property in which his/her spouse possesses a community property interest. As of December 31, 2007, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

I am the spouse of the Account Owner named above, I agree to my spouse's naming of a Primary Beneficiary other than myself, and I acknowledge that I shall have no claim whatsoever against Millennium Trust Company, LLC for any payment to my spouse's beneficiary(ies).

Spouse's Name: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I PARTICIPANT'S ACKNOWLEDGEMENT AND AGREEMENT**

**Acknowledgement, Agreement and Signature** *(Please read carefully, then sign and date below):*

I acknowledge and agree that it is my sole responsibility to direct the investment of the assets of my 403(b) Custodial Account with Millennium Trust Company, LLC as custodian ("Custodian"), and that the Custodian shall have NO LIABILITY for the performance of any asset in my 403(b) Custodial Account. I will obtain and read any applicable prospectus prior to directing the Custodian to make any investment on behalf of my 403(b) Custodial Account. I attest that the investment(s) that I have chosen qualify as investments under my 403(b) Plan and any applicable law or regulation. I understand that my investment elections will remain in effect until I notify Custodian of any investment changes in a manner required by or acceptable to the Custodian.

I acknowledge that my employer must have an information sharing agreement with the Custodian with regards to my account. I agree that the Custodian may act on information and any directions received from me, my employer, or an agent of my employer pursuant to the provisions of the Agreement, my employer's 403(b) plan or any agreement the Custodian has with my employer or an agent acting for my employer, and Custodian shall have NO LIABILITY for doing so. I acknowledge that the Custodian has no responsibilities regarding the timing, nature or amount of any contribution to my account. I agree to defend, indemnify and hold harmless the Custodian from and against all liability, costs, losses, expenses, and damages arising from or in connection with this entire agreement (including the 403(b) Custodial Account Agreement and other documents) and my 403(b) Custodial Account, except liability arising from the Custodian's fraud or willful misconduct.

I acknowledge that the Custodian has no responsibility for tax consequences due to additions to or distributions from this 403(b) Custodial Account. I acknowledge that I have received and had the opportunity to review a copy of the 403(b) Custodial Account Agreement ("Agreement"), and I understand and agree to be bound by its terms and conditions. I certify that I will understand the rules and requirements concerning rollovers and/or transfers to or from a 403(b) plan account before I direct or make one involving this account. I understand that the Custodian may require the approval of my employer before making or accepting any such rollover or transfer. I acknowledge that the Custodian does not provide, and I have not received from Custodian any tax, investment or legal advice. I hereby certify that all information provided by me is true and correct, and I agree to inform Custodian if any information provided by me shall change.

**IMPORTANT USA PATRIOT ACT INFORMATION**

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.

**What this means to you: You must provide us with your name, residential address, social security number, date of birth and your driver's license number before we will accept and open your account.**

Under penalties of perjury, I certify that (1) the Social Security number is my correct tax identification number; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or if so notified, such notice is no longer in effect; and (3) I am a U.S. person (including a U.S. resident alien). The IRS does not require that I consent to any provisions of this document other than this certification to avoid backup withholding.

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO AVOID DELAYS IN PROCESSING.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted: Millennium Trust Company, LLC

By: \_\_\_\_\_ Account No.: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only:**

Reference: \_\_\_\_\_