



IRA ADOPTION AGREEMENT

YOUR ACCOUNT NUMBER - - / -
Office Account RR

REFERENCED ACCOUNT NO., (i.e., Your spouse's account number.) - - / -
Office Account RR

I hereby designate _____ as the Brokerage Firm authorized to enter securities transactions for my account.

PARTICIPANT INFORMATION

Special Notice: 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 for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Name _____ Gender M F - -
Participant Social Security Number

Your Mailing Address _____

City _____ State _____ Zip _____

Telephone No. (____) _____ Date of birth _____ Employee account? Yes No
Month Day Year

CUSTODIAL ACCOUNT

Participant hereby establishes the following Custodial Account

Participant IRA Spousal IRA Guardian IRA Beneficiary IRA
 SEP IRA *Attach a copy of your employer's Form 5305-SEP* Rollover IRA

For SEP-IRA only, please provide your employer's Tax Identification Number: -

Note: If you are 70½ or older this year you may not transfer or rollover required minimum distribution amounts. If necessary, instruct your present custodian to either: 1) pay your required minimum distribution to you now; or 2) retain that amount for distribution to you later.

STC ACCOUNT

I am aware that SunAmerica Trust Company is the trade name of AIG Federal Savings Bank, and that my deposits at SunAmerica Trust Company and AIG Federal Savings Bank may be aggregated for purposes of determining federal deposit insurance coverage.

BENEFICIARY DESIGNATION

MARITAL STATUS Single Married *Note: Spousal consent may be required. See below.*

The following shall be my Beneficiary or Beneficiaries of this IRA. If I designate more than one primary or contingent Beneficiary, but do not specify the percentage to which such Beneficiary or Beneficiaries is entitled, payment will be made to the surviving Beneficiary or Beneficiaries in equal shares.

Note: For specific beneficiary provisions, please refer to the applicable sections of the Plan and the Disclosure Statement.

PRIMARY BENEFICIARIES

Name	Gender	Relationship	Date of Birth	Social Security #	Address	Percentage

CONTINGENT BENEFICIARIES

SunAmerica IRA

IRA ADOPTION AGREEMENT

Last Updated:

Account No.

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RR No.

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Clients Social Security Number Tax Payer ID

SIGNATURE PAGE

SPOUSAL CONSENT

*For use in
community or
marital property
states
AZ, CA, ID, LA, NM,
NM, TX, WA, WI*

If you are married, and you reside in a community property or marital property state and you designate someone other than your spouse as your sole primary beneficiary, your spouse must sign this form below, and if required in your state, have the signature witnessed by a Notary Public.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above.

I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

SIGNATURE OF THE SPOUSE (if required in Community or Marital Property State)

DATE

CERTIFICATION & SIGNATURE

I hereby adopt the SunAmerica IRA (Individual Retirement Custodial Account) Plan.

I understand the eligibility requirement for the type of IRA deposits I make and I do state that I do qualify to make the deposit. I have received a copy of the STC Individual Retirement Custodial Account Plan and Disclosure Statement. I understand that the terms and conditions which apply to this Individual Retirement Account are contained in this STC Individual Retirement Account Plan and Disclosure Statement. I agree to be bound by those terms and conditions. If I elect to make a rollover contribution to this account, I hereby certify that I understand the rollover rules and conditions as they pertain to this IRA and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for establishing this IRA and for rollover transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover of funds or other property as rollover contributions. I acknowledge I have received the SunAmerica Trust Company Privacy Policy. **THE TRADITIONAL INDIVIDUAL RETIREMENT CUSTODIAL ACCOUNT PLAN ("ACCOUNT PLAN") THAT ACCOMPANIES THIS ADOPTION AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH MAY AFFECT MY RIGHTS UNDER THE PLAN. THE PREDISPUTE ARBITRATION CLAUSE IS LOCATED IN ARTICLE VIII, SECTION 11 (i) ON PAGES 7 & 8 OF THE ACCOUNT PLAN. BY SIGNING THIS IRA ADOPTION AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ THE PREDISPUTE ARBITRATION CLAUSE, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT.**

PARTICIPANT OR GUARDIAN

DATE

Please forward to your Retail Brokerage Firm for approval.



ADOP

**ALL CLIENTS MUST REFER TO THE IMPORTANT DISCLOSURES INCLUDED IN THE ATTACHED
ADOPTION AGREEMENT TERMS**