



# IRA Application and Adoption Agreement

Make checks payable to: AARP Funds

Mail to: AARP Funds, P.O. Box 8035, Boston, MA 02266-8035

Overnight address: AARP Funds c/o BFDS, 30 Dan Road, Canton, MA 02021

Phone: 1-800-958-6457

*The funds will not accept third-party or starter checks.*

## 1. Account Registration (Please print; preferably in capital letters and black ink.)

Owner's name (first, middle, last)

Social Security number/Tax Identification number

Birthdate (mm/dd/yyyy)

Street address (street address required to open an account; to add an alternate mailing address, such as a P.O. box, see below)

City

State

Zip

Daytime telephone number

Alternate telephone number

Email address

Mailing address (if different than street address) – P.O. box is acceptable

City

State

Zip

## 2. IRA Election

Please complete only one section—section A for Traditional IRA, section B for Roth IRA or section C for Simplified Employee Pension (SEP) IRA. If you would like more than one type of IRA, you are required to fill out an additional application. Please note the following:

- “Transfer of Assets” refers to moving assets from your existing IRA Custodian directly to an AARP IRA.
- “Direct Rollover” refers to moving assets directly from a qualified retirement plan (such as a 401(k), 403(b), or 457 plan) to an AARP Traditional IRA only.
- “Rollover” refers to receiving qualifying distribution assets from another IRA or qualified retirement plan and investing those assets in an AARP IRA within 60 days.
- If you are age 70½ or older, you are required to take your required minimum distribution before transferring or converting your Traditional IRA assets (for more information, please consult IRS Publication 590).

### A. Traditional IRA (Choose one)

Annual Contribution(s) for tax year 20 \_\_\_\_\_. (If left blank, current year is assumed.) Go to section 4 if utilizing automatic investment plan.

Transfer of Assets. Complete the *AARP IRA Transfer/Direct Rollover of Assets Form*. Go to section 4 if utilizing automatic investment plan.

*IRA Election continues next page*

- Direct Rollover. Complete the *AARP IRA Transfer/Direct Rollover of Assets Form*. Go to section 4 if utilizing automatic investment plan.
- Rollover. Check enclosed for \$\_\_\_\_\_. Go to section 4 if utilizing automatic investment plan.
- Recharacterization of Roth IRA.  
Existing AARP Roth IRA account number\_\_\_\_\_
- Amount recharacterized \$\_\_\_\_\_
- If IRA is held with another custodian or trustee, complete the *AARP IRA Transfer/Direct Rollover of Assets Form*.

**B. Roth IRA (Choose one)**

- Annual Contribution(s) for tax year 20\_\_\_\_. (If left blank, current year is assumed.)
- Transfer of Assets. Complete the *AARP IRA Transfer/Direct Rollover of Assets Form*. Go to section 4 if utilizing automatic investment plan.
- Rollover. Check enclosed for \$\_\_\_\_\_. Go to section 4 if utilizing automatic investment plan.
- Conversion of Traditional IRA.  
Existing AARP Traditional IRA account number\_\_\_\_\_
- Amount converted \$\_\_\_\_\_
- If IRA is held with another custodian or trustee, complete the *AARP IRA Transfer/Direct Rollover of Assets Form*.
- Recharacterization of Traditional IRA.  
Existing AARP Traditional IRA account number\_\_\_\_\_
- Amount recharacterized \$\_\_\_\_\_
- If IRA is held with another custodian or trustee, complete the *AARP IRA Transfer/Direct Rollover of Assets Form*.

**C. Simplified Employee Pension (SEP) IRA (Choose one)**

- Annual Contribution(s) for tax year 20\_\_\_\_. (If left blank, current year is assumed.)
- Transfer of Assets. Complete the *AARP IRA Transfer/Direct Rollover of Assets Form*. Go to section 4 if utilizing automatic investment plan.
- Rollover. Check enclosed for \$\_\_\_\_\_. Go to section 4 if utilizing automatic investment plan.

### 3. Investment - Options and Minimums

- Initial minimum: \$100 per fund; \$25 if Automatic Investment or Payroll Deduction elected
- Minimum subsequent purchases: \$25 per fund
- We accept ONLY checks (including bank drafts and cashier's checks) in U.S. dollars, drawn on U.S. banks. We cannot accept third party checks, starter checks, or certain cash equivalents.

**Fees**  
\$10 annual fee  
(per fund account)  
 enclosed OR  
 deduct  
*If no box is checked,  
fees will automatically  
be deducted.*

#### Mid-to-Long Term Investment

*These Funds are designed to be a complete investment program in itself; therefore, diversifying among the Funds is generally not necessary.*

Fund name	Fund number	Initial investment	Must total 100%
AARP Aggressive Fund	1 7 0 0	\$ [ ] [ ] [ ] , [ ] [ ] [ ] . [ ] [ ] or [ ] [ ] [ ] . [ ] [ ] %	
AARP Moderate Fund	1 7 0 1	\$ [ ] [ ] [ ] , [ ] [ ] [ ] . [ ] [ ] or [ ] [ ] [ ] . [ ] [ ] %	
AARP Conservative Fund	1 7 0 2	\$ [ ] [ ] [ ] , [ ] [ ] [ ] . [ ] [ ] or [ ] [ ] [ ] . [ ] [ ] %	

#### Short Term Investment

AARP Money Market Fund 1 7 0 3 \$ [ ] [ ] [ ] , [ ] [ ] [ ] . [ ] [ ] or [ ] [ ] [ ] . [ ] [ ] %

*This Fund seeks to maintain a constant \$1.00 share price.*

AARP Income Fund 1 7 0 4 \$ [ ] [ ] [ ] , [ ] [ ] [ ] . [ ] [ ] or [ ] [ ] [ ] . [ ] [ ] %

*This Fund is designed to generate current monthly income.*

**Total investment amount** \$ [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] . [ ] [ ] **1 0 0 . 0 0 %**

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## 4. Automatic Investment Plan

- Check the box to add this option and **complete this section and section 6**. You may purchase shares monthly or quarterly into your existing account(s) automatically by electronic transfer from your checking or savings account. Transactions will occur on the 15th of the month or the next business day, unless otherwise specified below. The minimum investment is \$25 per fund. Please allow 15 business days before the first draft. Shares purchased may not be available for 15 days. Please consult a tax advisor regarding contribution limits.

I authorize AARP Funds to draw on my bank account according to the following instructions:  
(Please indicate which type of account:  checking or  savings.)

- AARP Aggressive Fund      \$ , .        Monthly       Quarterly  
Amount (\$25 minimum per fund)

Beginning month \_\_\_\_\_ Transactions should occur on the \_\_\_\_\_ day of the month.

- AARP Moderate Fund      \$ , .        Monthly       Quarterly  
Amount (\$25 minimum per fund)

Beginning month \_\_\_\_\_ Transactions should occur on the \_\_\_\_\_ day of the month.

- AARP Conservative Fund      \$ , .        Monthly       Quarterly  
Amount (\$25 minimum per fund)

Beginning month \_\_\_\_\_ Transactions should occur on the \_\_\_\_\_ day of the month.

- AARP Money Market Fund      \$ , .        Monthly       Quarterly  
Amount (\$25 minimum per fund)

Beginning month \_\_\_\_\_ Transactions should occur on the \_\_\_\_\_ day of the month.

- AARP Income Fund      \$ , .        Monthly       Quarterly  
Amount (\$25 minimum per fund)

Beginning month \_\_\_\_\_ Transactions should occur on the \_\_\_\_\_ day of the month.

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## 5. Electronic Transactions

- Check the box to add this option and **complete section 6**. You may purchase or redeem shares anytime by calling **1-800-958-6457**. Funds for share purchases are taken directly from your bank account and redemption proceeds are sent to your bank account.

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## 6. Bank Information

Complete this section if you have selected the Automatic Investment Plan from section 4. You must use the same checking or savings account for these sections.



FOR CHECKING ACCOUNTS, A VOIDED CHECK MUST BE ATTACHED.  
FOR SAVINGS ACCOUNTS, PLEASE HAVE YOUR BANK ISSUE A LETTER CONFIRMING ALL OF THE INFORMATION REQUESTED BELOW.

Name of bank

Address of bank

City

State

Zip

Name(s) on bank account

Bank account number

Bank ABA number (Routing Number)

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## 7. Designation of Beneficiary

I hereby make the following designation of beneficiary in accordance with State Street Bank & Trust Company's Traditional or Roth Individual Retirement Account Custodial Agreement:

Make payment in the proportions specified below. **If you list more than one primary beneficiary, the percentages must total 100%.** If any primary beneficiary predeceases me, his/her 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(IES):

Name

Relationship

Birthdate (mm/dd/yyyy)

Social Security number/Tax Identification number

%

Name

Relationship

Birthdate (mm/dd/yyyy)

Social Security number/Tax Identification number

%

If none of the primary beneficiaries survives me, pay any interest I may have under my Account(s) to the following contingent beneficiary(ies) who survive me. **If you list more than one contingent beneficiary, the percentages must total 100%.**

Make payment in the proportions specified on the next page.



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## 8. Signature (continued)

X

Your signature

Date

X

Signature of spouse (Only required in community property states, when designated beneficiary is not your spouse.)

Date

X

Witness to signature\*

Date

\*Testamentary dispositions required to be witnessed in some jurisdictions.

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

Name of parent or guardian (first, middle, last)

Social Security number/Tax Identification number

Birthdate (mm/dd/yyyy)

Street Address – if different from applicant.

City

State

Zip

X

Signature of parent or guardian

Date

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### IMPORTANT NOTICE—THE USA PATRIOT ACT

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. This information will be verified to ensure identity of all individuals opening a mutual fund account.



RETAIN A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS.