



# RETIREMENT ACCOUNT APPLICATION

P.O. Box 29217 Shawnee Mission, KS 66201-9217  
Fx: 1.800.532.2749 Ph: 1.800.777.6472

## 1 ACCOUNT TYPE

Check one plan type from section 1A or 1B:

### 1A FIDUCIARY TRUST COMPANY OF NEW HAMPSHIRE CUSTODIAL PLANS

IRA/SEP, SIMPLE IRA, Roth IRA and 403(b) Plan documents will be provided via mail upon account establishment.

- IRA (701)
- IRA Rollover (703)
- Roth IRA (791)
- Coverdell ESA (793)
- Inherited Beneficiary IRA (710)
- Inherited Beneficiary Roth IRA (758)
- Simplified Employee Pension - SEP (702)
- Governmental 457 Plan (731)
- 100 or more eligible employees
- SIMPLE IRA (765)
- Non-ERISA Beneficiary (734)
- 403(b) (773)
- 401(a) Match (833)
- ORP (773)

### 1B NON-FIDUCIARY TRUST COMPANY OF NEW HAMPSHIRE CUSTODIAL PLANS

- Money Purchase (099)
- Profit Sharing (097)
- 401(k)/Roth 401(k) (081)
- Title 1 403(b) (724/771)
- Defined Benefit (154)
- Non-Governmental 457 Plan (730)
- 100 or more eligible employees
- ERISA Beneficiary (759)  
\* For beneficiaries of non-IRA plan types.

### 1C SELF-DIRECTED RETIREMENT ACCOUNT REGISTRATION

- IRA
- SIMPLE IRA
- SEP
- 403(b)

## 2 OWNER INFORMATION

### 2A OWNER'S INFORMATION - Required

- Owner includes Individual, Participant, Coverdell ESA Designated Beneficiary, or Minor (for guardian accounts).
- For Coverdell ESA, also complete sections 2E, 2F & 2G.

Full Legal Name of Owner \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Social Security No. or Taxpayer ID \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Marital Status:  Married  Not Married

Legal Address (a U.S. residential address is required; a PO Box is not permitted) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

U.S. Citizen  Other \_\_\_\_\_  
(Specify Country)

### 2B GUARDIAN'S INFORMATION:

Full Legal Name of Guardian \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Social Security No. or Taxpayer ID \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Relationship to Primary Owner \_\_\_\_\_

Same as Primary Owner's Legal Address

Legal Address (a U.S. residential address is required; a PO Box is not permitted) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

U.S. Citizen  Other \_\_\_\_\_  
(Specify Country)

**2C PLAN INFORMATION:**

- Applicable for 403(b), SEP, SIMPLE IRA, 401(k), Multi-Part. Profit Sharing/Money Purchase, 457 and Defined Benefit accounts.

\_\_\_\_\_  
Name of Trustee

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer Tax ID *(if applicable)*

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
City/State/Zip

**2D DECEDENT'S INFORMATION**

- Applicable for Inherited Beneficiary IRA and Inherited Beneficiary Roth IRA accounts.

\_\_\_\_\_  
Decedent Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth *(MM/DD/YYYY)*

\_\_\_\_\_  
Relationship to Owner

\_\_\_\_\_  
Date of Death *(MM/DD/YYYY)*

\_\_\_\_\_  
Prior 12/31 Account Value

**2E COVERDELL ESA RESPONSIBLE PARTY'S INFORMATION**

- Required information for Coverdell ESA accounts.

\_\_\_\_\_  
Full Legal Name of Coverdell ESA Responsible Party

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_  
Social Security No. or Taxpayer ID

\_\_\_\_\_  
Date of Birth *(MM/DD/YYYY)*

\_\_\_\_\_  
Relationship to Owner

\_\_\_\_\_  
Legal Address *(a U.S. residential address is required; a PO Box is not permitted)*

\_\_\_\_\_  
City/State/Zip

U.S. Citizen     Other \_\_\_\_\_  
*(Specify Country)*

**2F COVERDELL ESA DEPOSITOR'S INFORMATION**

- Depositor information required only if individual named as Responsible Individual differs from the Depositor.

\_\_\_\_\_  
Name of Coverdell ESA Depositor

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth *(MM/DD/YYYY)*

\_\_\_\_\_  
Legal Address *(a U.S. residential address is required; a PO Box is not permitted)*

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

**2G COVERDELL ESA ELECTION FOR RESPONSIBLE INDIVIDUAL - Required**

- Answer "Yes" or "No" to each of the following questions by checking the appropriate box.
- The Depositor, the individual responsible for the elections below and the individual with the agreement through the Custodian of the Coverdell ESA, must complete this section.
- "No" will be assumed unless you specify otherwise.

Yes     No    The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.

Yes     No    The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

### 3 ACCOUNT MAILING ADDRESS

- The account mailing address will be used to send account information to you, including confirmations, statements, and tax forms.

Same as Owner's Legal Address

Address

City

State

Zip

### 4 INVESTMENT INSTRUCTIONS

- Make check payable to Ivy Funds.
- Minimum initial investment: \$750.00 per fund or \$150.00 per fund if Automatic Investment Service is established.
- Investments are applied as current year contributions unless specified otherwise.
- Dividends & capital gains will be reinvested for owners under age 59 1/2.
- Individual Retirement account owners over age 59 1/2 may elect to receive dividends & capital gains in cash. Complete the Dividend/Capital Gains Options form - IV01CS0006 if dividend & capital gains will be sent other than registered.
- Direct Rollover: Rollover from a qualified plan or a 60-day rollover if the client takes constructive receipt of funds.
- Transfer of Assets: Like plan to like plan custodian transfer (attach the Transfer Authorization form - IV01CS1004).

Fund Number(s)	Amount Enclosed	Year of Contribution	Direct Rollover	Transfer of Assets	Dividends		Capital Gains	
					Reinvest	Cash	Reinvest	Cash
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 5 REDUCED SALES CHARGE ON CLASS A SHARES

- You may be able to reduce the sales charges you pay on your new purchases of Class A shares through Rights of Accumulation if you already own Class A, Class B or Class C shares of Ivy Funds and/or InvestEd Portfolios ("Funds") in your account or in an account eligible for grouping with your account.
- In order to ensure that you receive the sales charge reductions allowed by prospectuses for the Funds, provide information in the space below to identify your new and existing accounts, and all accounts owned by related persons eligible for grouping (i.e., immediate family members living in the same household, such as your spouse and children under 21).
- If left blank, you may not receive reduced sales charges through Rights of Accumulation on new purchases of Class A shares.

\_\_\_\_\_ OR  
Cumulative Discount Number

Please list Account Numbers for all accounts eligible for grouping or Social Security Numbers/Taxpayer IDs for owners of accounts eligible to be grouped with your accounts under the prospectuses for the Funds.

### 6 LETTER OF INTENT

You may be able to reduce the sales charges you pay on Class A shares if you agree to invest a certain amount over a 13-month period through a Letter of Intent.

1. Do you currently have an existing Letter of Intent on file that entitles you to a further discount?

Yes (No further action is required)

No (proceed to question 2)

2. Will you benefit from a Letter of Intent based on the combination of your current assets and your future anticipated purchases?

Yes (complete Letter of Intent - WR01CS0009)

No

## 7 ACCOUNT OPTIONS

### 7A AUTOMATIC INVESTMENT SERVICE - Also complete Section 7C

- Initial investments may not be made by Automatic Investment Service.
- Minimum draft amount is \$50.00 per fund.
- Allow five business days for processing from the date your instructions are received by WI Services Company.
- If the Draft Date falls on a weekend or holiday, the transaction will be made on the following business day.

Fund Number(s)	Draft Date (MM/DD/YYYY)	Draft Amount (\$50 minimum per fund)	Frequency <i>(Check one - monthly will be assumed if none checked)</i>			
			Monthly	Quarterly	Semi-Annually	Annually
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### “Optional Tax Reporting” Period:

- To designate contributions for the previous calendar year, select the desired time period.
- This option is only applicable for plans with Fiduciary Trust Company of New Hampshire as Custodian, excluding 403(b), 457, and Deferred Compensation Plans.
- The selection below will continue each year.
- The Draft Date must be on or before April 15 to receive prior year contributions for April's draft.

January 1 to January 31 (01)   
  January 1 to February 28 (02)   
  January 1 to March 31 (03)   
  January 1 to April 15 (04)

### 7B EXPRESS TRANSACTION PRIVILEGES

- Unless you check below, you and your investment representative automatically have the convenience of Telephone Exchange privileges.
- If you decline this telephone privilege, it will be unavailable to you online.
- Review your prospectus for a discussion of these privileges.

I do NOT want Telephone Exchange Privileges.

**7C BANK INFORMATION**

- Attach a voided check preprinted with bank account owner information.
- As an alternative to a voided check, we will accept a letter from the bank where the account is held verifying the account owner(s) names, ABA routing number, and bank account number. This information must be sent in on bank letterhead and signed by an authorized individual for that bank.
- If a company check is provided, include a signed Authorizing Resolution.

Select One:  Checking Account  Savings Account

If the Mutual Fund account and the bank account DO NOT include at least one common owner, I (we) hereby represent that all persons necessary to authorize transactions in the bank account have signed below.

\_\_\_\_\_  
Signature of Bank Account Owner

\_\_\_\_\_  
Signature of Bank Account Owner

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Pay to the order of \_\_\_\_\_

Your Bank \_\_\_\_\_

For \_\_\_\_\_

0201020102      0201020102      0201

VOID

**Authorization to honor checks drawn by WI Services Company.**

As a convenience to me, I hereby request and authorize you to pay and charge the account identified above, debit entries drawn on the account by WI Services Company provided there are sufficient funds in the account to pay the same on presentation. This authorization shall remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected by honoring any such debit entry. I agree that your rights in respect to any debit entry shall be the same as if it were a check signed personally by me. I further agree, that if any such debit entry be dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever.

**Attach voided check preprinted with account information. DO NOT STAPLE.**

**8 BENEFICIARY**

- For Traditional IRA, Roth IRA, SEP, SIMPLE IRA, Coverdell ESA, Governmental 457 Plan, Exclusive(k), Owner-Only Profit Sharing/Money Purchase and 403(b) Plans only.
- Required if Fiduciary Trust Company of New Hampshire is designated as the Custodian.
- Use the Beneficiary Designation for Individual Retirement Plans form IV01CS1001 or Beneficiary Designation for Qualified Retirement Plans form IV01CS1002 when naming the following as a beneficiary:
  - Non-spouse beneficiary in a community or marital property state (AZ, CA, ID, LA, NV, NM, TX, WA, & WI).
  - Minor
  - Contingent Beneficiary
  - Per Stirpes distribution of benefits
- For Successor Beneficiaries in death cases, use Successor Beneficiary Designation form - IV01CS1003.
- If no proportions are indicated, payment of benefits shall be made in equal shares.

Name of Primary Non-Minor Beneficiary(ies)	Tax Identification Number(s)	Date(s) of Birth <small>(MM/DD/YYYY)</small>	Relationship	Percent
_____	_____	_____	_____	%
_____	_____	_____	_____	%
_____	_____	_____	_____	%
_____	_____	_____	_____	%

## 9 BROKER/DEALER INFORMATION *(Required)*

Name of Broker/Dealer Firm		Name of Representative	Representative Number
Broker/Dealer Firm Number	Branch Number	Representative Phone Number	Representative Fax Number
Branch Office Address		Representative Address	
City/State/Zip		City/State/Zip	
		Representative Email Address	

## 10 COVERDELL ESA TERMS AND CONDITIONS

- I understand the eligibility requirements for the type of ESA deposit I am making and I state that I do qualify to make the deposit.
- I have received a copy of the Application, 5305-EA Plan Agreement and Disclosure Statement.
- I understand that the terms and conditions which apply to this Coverdell Education Savings Account are contained in this Application and the 5305-EA Plan Agreement. I agree to be bound by those terms and conditions.
- I assume complete responsibility for:
  - Determining that I am eligible to contribute to an ESA each year I make a contribution.
  - Insuring that all contributions I make are within the limits set forth by the tax laws.
  - Certifying that I am qualified to assume the responsibilities of the Responsible Individual as set forth in this Agreement, if I am designated on this Application as the Responsible Individual.
  - Managing and administering the account and authorizing transactions involving contributions and distributions, if I am designated on this Application as the Responsible Individual.

## 11 ACKNOWLEDGEMENTS

- I have received and read a copy of the Plan Documents\* of the funds selected, and agree to the terms therein and herein.
- I consent to the householding (delivery of a single Summary Prospectus, shareholder report and/or Proxy Statement to a shared address) for my current or future fund within the Waddell & Reed /Ivy Fund Families.
- I have had an opportunity to review the Privacy Notice and/or otherwise agree to receive a copy of the Privacy Notice with the account confirmation.
- The Social Security number provided on this form is accurate. The Internal Revenue Service does not require your consent to any provision of this document other than that the Social Security number is accurate.
- I understand there may be a deferred sales charge upon the redemption of any shares held in an account less than the time specified in the Prospectus.
- I hereby adopt the Waddell & Reed, Inc. sponsored plan document and appoint Fiduciary Trust Company of New Hampshire (or any successor pursuant to the terms of the plan) as Custodian.
- I hereby further appoint the Firm identified in Section 8 of this application, or its successor firm, as my (or my beneficiary(ies)) agent.
- I understand that the SEP IRA, SARSEP IRA, SIMPLE IRA and 403(b) Plans are Custodial Accounts established for the benefit of participants.
- I understand that to establish a plan using the Waddell & Reed, Inc. sponsored Exclusive(k), Owner-only Money Purchase or Profit Sharing Plan, you will have to obtain the document by contacting an Ivy Client Service Representative.
- I understand that if I transfer all of my assets out of the Exclusive(k), Owner-only Money Purchase or Profit Sharing Plan account established, Waddell & Reed, Inc. will no longer be the Document Sponsor, which may adversely affect the plan.
- IRA/SEP, SIMPLE IRA, Roth IRA and 403(b) Plan documents will be provided via mail upon account establishment.
- I understand that a copy of the Funds' Prospectus can be obtained at [www.ivyfund.com](http://www.ivyfund.com).
- I have reviewed all of the above information and hereby verify that it is true and accurate.
- Purchaser must sign exactly as name appears in registration.

Signature of Owner/Trustee/Custodian \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Questions? Call an Ivy Funds Client Service Representative at 1.800.777.6472**  
**[www.ivyfund.com](http://www.ivyfund.com)**

**Mail to: WI Services Company**  
**P.O. Box 29217**  
**Shawnee Mission, KS 66201-9217**

<b>Ivy Funds</b>			
<i>Fund Names</i>	<i>Class A</i>	<i>Class B</i>	<i>Class C</i>
Ivy Asset Strategy	606	506	306
Ivy Balanced	644	544	344
Ivy Bond	646	546	346
Ivy Core Equity	601	501	301
Ivy Cundill Global Value	615	515	315
Ivy Dividend Opportunities	686	586	386
Ivy Emerging Markets Equity	611	511	311
Ivy Emerging Markets Local Currency Debt	631	-	331
Ivy Energy	694	594	394
Ivy European Opportunities	614	514	314
Ivy Global Bond	697	597	397
Ivy Global Equity Income	659	559	359
Ivy Global Growth	617	517	317
Ivy Global Income Allocation	649	549	349
Ivy Global Natural Resources	612	512	312
Ivy Global Real Estate	658	558	358
Ivy Global Risk-Managed Real Estate	657	557	357
Ivy High Income	609	509	309
Ivy International Core Equity	613	513	313
Ivy Large Cap Growth	667	567	367
Ivy Limited-Term Bond	603	503	303
Ivy Managed International Opportunities	695	595	395
Ivy Micro Cap Growth	698	598	398
Ivy Mid Cap Growth	668	568	368
Ivy Mid Cap Income Opportunities	663	-	333
Ivy Money Market	670	570*	370*
Ivy Real Estate Securities	648	548	348
Ivy Science and Technology	608	508	308
Ivy Small Cap Growth	602	502	302
Ivy Small Cap Value	645	545	345
Ivy Value	632	532	332

\* No Direct Purchases. Funds are only available by exchange within the same share class.