

# Citigroup Global Markets Inc. ("CGMI") Individual Retirement Account Application

**Do not complete this application if you are opening a Beneficiary IRA.  
Please complete the IRA Beneficiary/Minimum Distribution Calculation  
Request Form and IRA Client Agreement.**

# MorganStanley SmithBarney

Account Number

Branch	Account	T	C	FA

<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Rollover IRA <i>Use only if assets are being rolled over from an employer retirement plan (e.g., 401(k) plan) or another rollover IRA.</i>	<b>Simplified Employee Pension (SEP) IRA</b> <i>EMPLOYER INFORMATION section must be completed.</i>	<input type="checkbox"/> Employer/Principal <i>(Complete SEP-IRA Employer Application in addition to this Application if adopting Citigroup Global Markets SEP-IRA. Otherwise, provide your Financial Advisor with a copy of the SEP-IRA adopted with another sponsor.)</i>	If this is to be a <b>Salary Reduction SEP (SAR-SEP)</b> , check here <input type="checkbox"/> <i>NOTE: This option is only available if the employer adopted a SAR-SEP plan prior to January 1, 1997.</i>
<input type="checkbox"/> Spousal IRA			<input type="checkbox"/> Employee/Participant	

**PLEASE CONSULT WITH YOUR ACCOUNTANT, ATTORNEY OR FINANCIAL ADVISOR BEFORE COMPLETING THIS APPLICATION**

<b>COMPLETE THIS SECTION FOR ALL IRAs and SEP-IRAs</b>	Name of Participant	Date of Birth	Social Security Number	
	Street Address			
	City	State	ZIP Code	

<b>COMPLETE THIS SECTION FOR A SIMPLIFIED EMPLOYEE PENSION (SEP) PLAN IRA</b>	Name of Employer	Employer's Federal Tax ID Number		
	Employer's Street Address			
	City	State	ZIP Code	
	This investment is a contribution on my behalf under my employer's SEP. Employer's check must be made payable to: <b>Citigroup Global Markets Inc.</b>		Amount of Cash Contribution \$	

### PRIMARY BENEFICIARY(IES)

In the event of my death, pay the full value of my Individual Retirement Account (in equal proportions in the case of multiple beneficiaries unless otherwise indicated) to the Primary Beneficiary(ies) listed below. I understand that if a primary beneficiary predeceases me, his or her share will be divided equally among all surviving primary beneficiaries. You may select either *per stirpes* (or "by rights of representation") or *per capita* next to each name if you wish the children of a beneficiary that predeceases you to receive a share of this account. If nothing is selected, Neither will be the default.

Name of Primary Beneficiary	Per Stirpes	Per Capita	Neither	Relationship*	Date of Birth (Mon/Day/Yr)	Social Security Number	% of Benefits
	<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"/>				%

\* If a married Account Holder resides in a state with community property statutes and the spouse is not designated as the sole beneficiary, the spouse must sign the spousal consent following:  
**Consent of Spouse:** Being the Account Holder's spouse, I hereby consent to the above designation.

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

### CONTINGENT BENEFICIARY(IES)

If no Primary Beneficiary survives me, pay the full value of my Individual Retirement Account (in equal proportions in the case of multiple beneficiaries unless otherwise indicated) to the Contingent Beneficiary(ies) listed below. I understand that if a contingent beneficiary predeceases me, his or her share will be divided equally among all surviving contingent beneficiaries. You may select either *per stirpes* (or "by rights of representation") or *per capita* next to each name if you wish the children of a beneficiary that predeceases you to receive a share of this account. If nothing is selected, Neither will be the default.

Name of Contingent Beneficiary	Per Stirpes	Per Capita	Neither	Relationship	Date of Birth (Mon/Day/Yr)	Social Security Number	% of Benefits
	<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"/>				%

I hereby understand that I may change or revoke this beneficiary designation at any time by filing a new designation in writing with Citigroup Global Markets Inc. (the custodian of your IRA), through your Morgan Stanley Smith Barney Financial Advisor, on a form acceptable to it and that this beneficiary designation supersedes any prior beneficiary designation.

Account Number

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**REQUIRED MINIMUM DISTRIBUTIONS**

Annual distributions from your IRA, SEP and SIMPLE (but not a Roth IRA or Education Savings Account) must start by your required beginning date. For IRAs, SEPs and SIMPLEs your required beginning date is the April 1 of the year following the year in which you turn age 70 1/2 .

We provide a calculation of your annual required minimum distribution amount on your client statement. The calculation is based upon the beneficiary designation information you provided above and the uniform calculation methods described in Final Regulations issued by the Internal Revenue Service on April 16, 2002.

For more detailed information on required minimum distributions request a copy of *The IRA Distribution Manual* from your Financial Advisor or download it from [www.smithbarney.com](http://www.smithbarney.com). Contact your Financial Advisor to take advantage of the Automatic RMD Service.

*We do not provide tax or legal advice. Please consult a qualified tax or legal advisor for such guidance.*

**ANNUAL CUSTODIAL FEES**

An annual custodial fee will be charged for any calendar year during which you maintain an IRA with us. Please select one of the payment options below. This election will remain in effect until it is changed or revoked in writing.

- I authorize you to automatically transfer the custodial or other service fees (e.g. FMA ® Online, Quicken ® ) for this account from my Morgan Stanley Smith Barney Non-Retirement Account:

Account Number					<b>note: if this is a joint account, the joint account owner must sign here</b>
Branch	Account	T	C	FA	

- I authorize you to automatically debit the custodial or other service fees (e.g. FMA Online, Quicken) for this account each year from this retirement account. I understand that I will **not** be able to reimburse my account once this fee has been deducted. *(Other service fees, such as FMA Online or Quicken will be treated as taxable distributions. If you are under age 59 1/2, you may also be subject to a 10% premature distribution penalty tax.)*
- I wish to pay my custodial fee by personal check or money order. Please bill me. *(This election will apply only to your annual custodial fee. Other service fees, such as FMA Online or Quicken will be treated as taxable distributions. If you are under age 59 1/2, you may also be subject to a 10% premature distribution penalty tax.)*

I hereby appoint Citigroup Global Markets Inc. as the Custodian of my IRA, and agree to pay the annual custodial fees specified in the DISCLOSURE STATEMENT (receipt of which is hereby acknowledged).

- I hereby adopt the IRA Custodial Account.
- I hereby authorize Morgan Stanley Smith Barney LLC ("MSSB") to act as my broker for Custodial Account transactions and to charge the customary fees for each transaction made for my Custodial Account upon my instructions.
- I hereby authorize MSSB and/or CGMI to act upon my written or oral instructions regarding transactions in my Custodial Account.
- I understand that no transactions will occur in my Custodial Account unless I so direct.
- All Beneficiary designations and authorizations are directed to MSSB and CGMI.
- Under penalties of perjury I certify that the Social Security number herein provided is correct.

**I have hereby executed this Application and confirm receipt of the Disclosure Statement & Custodial Account Agreement:**

Signature of Applicant	Date

Do not complete this application if you are opening a Beneficiary IRA. Please complete the IRA Beneficiary/Minimum Distribution Calculator Request Form and IRA Client Agreement.

# Qualified Retirement Plan / IRA Client Agreement and Substitute Form W-9 Request for Taxpayer Identification Number

Morgan Stanley  
Smith Barney

CPI 5143

Please read carefully, sign and return to Morgan Stanley Smith Barney

Before you sign this Agreement, thoroughly review the information here and in the accompanying literature.

Name of IRA Account Owner or Plan		Account Number	Branch	Account	T	C	FA
Name of Authorized Plan Representative		Name of Additional Authorized Plan Representative					
Mailing Address for this account		Street Address		City		State	
						ZIP Code	
Legal Address for this account (if different)		Street Address		City		State	
						ZIP Code	
Daytime Phone		Evening Phone		Fax Number			
E-mail Address (required for online accounts)		Date of Birth	Month	Day	Year	Citizenship	
						<input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Permanent Resident Alien.	
						Country of Citizenship is:	

**Participant Information** (Complete only for participant – directed qualified plan accounts)

Name of Participant	Social Security Number	Participant Signature
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U.S. Federal law requires us to obtain, verify and record information that identifies each person or entity that opens an account. What this means for you is that when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security No. or other identification number, that Federal law requires us to obtain. We may also ask to see a driver's license, corporate formation document (for corporate entities), or other identifying documents that will allow us to identify you or the corporate entity seeking to open an account. We appreciate your cooperation.

**NOTE:** The above requirements of the Patriot Act only are applicable to IRA accounts. The above information is not required to open a Qualified Retirement Plan.

**A. Client Agreement.** I hereby acknowledge that I have read, understand and agree to the terms of this Agreement, and attest to the accuracy of the certification in Part (B.) below.

Bank issued certificates of deposit purchased through Morgan Stanley Smith Barney and the Smith Barney Bank Deposit Program sweep feature are insured by the FDIC (see disclosure documents for details). Morgan Stanley Smith Barney requires your consent to the applicable provisions of this Agreement in order to open and maintain your Account.

<p><b>B. Tax Certification:</b> Under penalties of perjury, I certify that:</p> <p>1.) the number I have provided here is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and</p> <p>2.) I am not subject to backup withholding because: a.) I am exempt from backup withholding, or b.) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c.) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>3.) I am a U.S. person (including a U.S. resident alien).</p> <p><b>Certification Instructions:</b> You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p>	Social Security Number (IRA) or Taxpayer ID Number (Qualified Plan)
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I acknowledge that I have received the Client Agreement which contains a pre-dispute arbitration clause on Page 4, Section 6.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

IRA Only: IRA Account Owner's or Legal Representative's Signature	Date	Qualified Plan Only: Authorized Plan Representative's Signature (Trustee)	Date
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**C. Name Disclosure.** Please indicate your choice as to the release or withholding of your name, address and securities positions to issuing corporations.

- NO, I do not want } my name, address and securities positions disclosed to any companies, upon their request,  
 YES, I do want } in which I own securities that are being held for me.

**D. 1. Sweep Feature (Excludes 403(b) accounts).** Available cash in your account will automatically be invested or "swept" into interest-bearing FDIC insured deposit accounts through the Bank Deposit Program<sup>SM</sup> in one or more Citigroup affiliated banks. You acknowledge that you are responsible to monitor the total amount of deposits you have at each program bank in order to determine the extent of FDIC insurance coverage available to you, and that Morgan Stanley Smith Barney is not responsible for any insured or uninsured portion of your deposits at any of the Program Banks. Please see the accompanying literature regarding new accounts and the Bank Deposit Program Disclosure Document.  I elect to have no sweep feature.

**2. Sweep Feature (403(b) accounts ONLY).** Available cash in your account will automatically be invested or "swept" into the money market fund of your choice, as explained in the accompanying literature regarding new accounts.

Morgan Stanley Smith Barney LLC. Member SIPC. Accounts carried by Citigroup Global Markets Inc. Member SIPC.

