

# ROTH IRA APPLICATION

**DGIFUND**



1

Please be thorough when filling out the application. The omission of necessary information may slow down the application process.

2

Be sure to include all necessary signatures on the completed form.

3

Include additional documentation as necessary.

- A photocopy of your drivers license or other government issued photo identification card.
- A voided check or deposit slip, if you are signing up for the Savings Plan.
- The IRA Transfer/Rollover Form, if transferring from another Roth IRA.
- If rolling over funds from a 401K or other employer-sponsored retirement plan, please contact the plan administrator for instructions.

4

Mail completed application documents to:

Mailing Address

The DGI Fund c/o Paralel Technologies  
P.O. Box 2170  
Denver, CO 80201

Overnight Address

The DGI Fund c/o Paralel Technologies  
1700 Broadway, Suite 1850  
Denver, CO 80290

If you have questions, or your situation require something other than the standard form, please contact an Investor Service Representative at 1-855-DGI-FUND (344-3863).

# ROTH IRA APPLICATION

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**IMPORTANT:** 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 information that will allow us to identify you.

## 1. ABOUT YOU

**Please select one:** ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Non-Resident Alien

*(In general, only U.S. Citizens and U.S. Resident Aliens can open accounts.)*

**Owner's Name (Last, First, Middle Initial)**

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence (P.O. Boxes Not Accepted)

City, State, Zip Code

Mailing Address—If different (P.O. Boxes Accepted)

City, State, Zip Code

( )

( )

Day Phone

Evening Phone

Email Address

## 2. eDELIVERY

We offer eDelivery of quarterly account statements, transaction confirmations, and regulatory documents. When your account is created you will receive an email with instructions for establishing online account access and signing up for eDelivery. ***If you are investing through the savings program, we require that you sign up for eDelivery.***

## 3. FUNDING YOUR ACCOUNT

There are three ways to fund your account. If your initial investment is under the \$10,000 minimum, you will also need to sign up for the Savings Plan. And of course, if your initial investment is over the \$10,000 you can still sign up for the Savings Plan. The Savings Plan has a \$100 per month minimum.

☐ **ROLLOVER** (\$10,000 minimum, unless also enrolled in the Savings Plan)

Amount: \_\_\_\_\_

- If you are transferring money from a 401K plan or other employer-sponsored retirement plan, you will need to contact the plan administrator (their phone number is likely on your plan statement) and ask what is required in order to transfer your account to another firm.
- For all other IRA transfers or rollovers, you will need to complete the IRA Transfer/Rollover Form, which can be found at DGIFUND.COM. Please complete the form and include it when mailing your account application.

☐ **LUMP SUM** (\$10,000 minimum, unless also enrolled in the Savings Plan)

☐ **Conversion from IRA** – Complete IRA Distribution Form

Amount: \_\_\_\_\_

Contributions made between January 1 and April 15 can be applied to the prior year. If all or some of this contribution is for the prior year, please indicate so below. Unless indicated, all contributions will be applied to the current calendar year.

☐ Prior Year Amount: \_\_\_\_\_

☐ Current Year Amount: \_\_\_\_\_

☐ **Check**—Make your personal check payable to “DGI FUND” and enclose it when mailing your application. We do not accept third party checks. (See prospectus for acceptable methods of payment.)

☐ **Wire**—Call our Shareholder Service Department at: 1-855-DGI-FUND (344-3863) for incoming wiring instructions.

☐ **Electronic Transfer**—Please fill out the “Bank Information” section (section 4).

☐ **SAVINGS PLAN**  
(\$100 minimum)

Amount: \_\_\_\_\_/month

Process on the \_\_\_\_ day of each month (eg, 1st, 15th, etc).

Please fill out the “Bank Information” section (section 4).

After your account is open, sign up for eDelivery of documents and set up online access at [www.dgifund.com](http://www.dgifund.com).

#### 4. BANK INFORMATION

You need to fill out this section if you are 1) signing up for the Savings Plan, 2) making a one-time Electronic Transfer or 3) select to have dividend and capital gain pay out to you in cash (see section 5). *Please attach a voided check or savings deposit slip from the specified bank account.*

Account Type: ☐ Checking ☐ Savings

Name on the Account

Bank Name

ABA Routing Number (*first 9 digits at the bottom of check or deposit slip*)

Bank Account Number (*second set of numbers at the bottom of check or deposit slip*)

#### 5. DESIGNATE BENEFICIARIES

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. \*If you do not designate a beneficiary or if all of your primary and contingent beneficiaries predecease you, if applicable, your living spouse will be your beneficiary. If you do not have a living spouse, your estate will be the beneficiary.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If additional space is required for multiple beneficiary designations, please attach a Designation of IRA Beneficiary form to this application.

☐ Primary ☐ Contingent Relationship \_\_\_\_\_ Percentage \_\_\_\_\_ %

**Beneficiary's Name (Last, First, Middle Initial)**

Beneficiary's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence (*P.O. Boxes Not Accepted*)

City, State, Zip Code

Mailing Address—If different (*P.O. Boxes Accepted*)

City, State, Zip Code

( )

( )

Day Phone

Evening Phone

Email Address

☐ Primary ☐ Contingent Relationship \_\_\_\_\_ Percentage \_\_\_\_\_ %

**Beneficiary's Name (Last, First, Middle Initial)**

Beneficiary's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence (*P.O. Boxes Not Accepted*)

City, State, Zip Code

Mailing Address—If different (*P.O. Boxes Accepted*)

City, State, Zip Code

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Day Phone

Evening Phone

Email Address

## 5. DESIGNATE BENEFICIARIES ( CONTINUED )

☐ Primary      ☐ Contingent      Relationship \_\_\_\_\_      Percentage \_\_\_\_\_ %

**Beneficiary's Name (Last, First, Middle Initial)**

Beneficiary's Social Security Number      Date of Birth (MM/DD/YY)

Address of Residence (P.O. Boxes Not Accepted)      City, State, Zip Code

Mailing Address—If different (P.O. Boxes Accepted)      City, State, Zip Code

(      )      (      )

Day Phone      Evening Phone      Email Address

☐ Primary      ☐ Contingent      Relationship \_\_\_\_\_      Percentage \_\_\_\_\_ %

**Beneficiary's Name (Last, First, Middle Initial)**

Beneficiary's Social Security Number      Date of Birth (MM/DD/YY)

Address of Residence (P.O. Boxes Not Accepted)      City, State, Zip Code

Mailing Address—If different (P.O. Boxes Accepted)      City, State, Zip Code

(      )      (      )

Day Phone      Evening Phone      Email Address

## 6. SPOUSAL CONSENT

This section should be reviewed if the Roth IRA holder is married and designates someone other than their spouse as the primary beneficiary, especially if the Roth IRA holder's residence is located in a community or marital property state. Due to the important tax consequences of giving up one's community property interests, a spouse signing this section should consult a tax or legal advisor.

### ROTH IRA HOLDER'S MARITAL STATUS

- ☐ I Am Married—I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.
- ☐ I Am Not Married—I understand that if I become married in the future, I must complete a new IRA Designation Of Beneficiary form.

### CONSENT OF SPOUSE

I am the spouse of the above-named Roth IRA 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 interests in this Roth IRA, I have been advised to see a tax professional.

I herby give the Roth IRA holder any interest I have in the Fund or property deposited in the Roth 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 by the Custodian.

Signature of Spouse      Date (MM/DD/YY)

Signature of Witness      Date (MM/DD/YY)

## 7. SIGN ON THE BOTTOM LINE

I understand the eligibility requirements for the type of IRA deposit that I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-A Plan Agreement, Financial Disclosure and Disclosure Statement. I understand that the terms and conditions which apply to this Individual Retirement Account are contained in this Application and the 5305-A Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. I assume complete responsibility for:

1. Determining that I am eligible for an IRA each year that I make a contribution;
2. Insuring that all contributions I make are within the limits set forth by the tax laws; and
3. The tax consequences of any contribution (including rollover contributions) and distributions.

I am of legal age, I have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein. I am responsible for reading the prospectus and Statement of Additional Information of any fund into which I exchange.

I authorize DGI Fund, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither DGI Fund nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
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
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. 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. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

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

Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account)

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Account Owner's Signature

Date (MM/DD/YY)