

THE IPED FORM FOR QUALIFIED RETIREMENT PLANS IS USED FOR 401(K) PLANS, DEFINED BENEFIT, PROFIT SHARING, ETC. PLEASE COMPLETE THIS FORM WHEN USING GROUP ANNUITY PLATFORMS (I.E. JOHN HANCOCK SIGNATURE, LINCOLN FINANCIAL DIRECTOR, THE HARTFORD AVIATOR, ETC.) FOR QUALIFIED RETIREMENT PLANS. DO NOT USE THIS FORM FOR TRADITIONAL IRAS, ROTH IRAS, SEP IRAS OR SIMPLE IRAS. FOR ASSISTANCE, PLEASE CONTACT THE RETIREMENT SERVICES DEPARTMENT (866) 218-8206, OPTION 3, THEN OPTION 4.

COMPANY PLAN INFORMATION (REQUIRED)

PLAN NAME	ESTABLISHED DATE	TAX ID OF PLAN	
<hr/>			
COMPANY PHYSICAL LEGAL ADDRESS	CITY	STATE	ZIP
<hr/>			
<input type="checkbox"/> EMPLOYER NAME AND ADDRESS SAME AS ABOVE. (IF NOT PLEASE FILL OUT BELOW)			
BUSINESS PHONE NUMBER			
<hr/>			
BUSINESS NAME	TYPE OF BUSINESS		
<hr/>			
COMPANY ADDRESS	CITY	STATE	ZIP
<hr/>			

TRUSTEE INFORMATION (REQUIRED)

TRUSTEE NAME (NO INITIALS)	SOCIAL SECURITY NO/TAX ID	BIRTH DATE	
<hr/>			
PHYSICAL LEGAL ADDRESS	CITY	STATE	ZIP
<hr/>			
<input type="checkbox"/> EMPLOYMENT INFORMATION IS THE SAME AS THE COMPANY INFORMATION (IF DIFFERENT, PLEASE FILL OUT BELOW)			
EMPLOYMENT: _____			
EMPLOYER	OCCUPATION (TYPE OF BUSINESS AND POSITION TITLE)		
<hr/>			
EMPLOYER ADDRESS	CITY	STATE	ZIP
<hr/>			
AFFILIATIONS: (SUPPLY ANY SECURITIES FIRM, EXCHANGE OR AGENCY AFFILIATION, IF NOT SELECTED, DEFAULT TO NONE) <input type="checkbox"/> NONE <input type="checkbox"/> COMPANY: _____			
IS THIS CLIENT A SENIOR FOREIGN POLITICAL FIGURE OR FAMILY MEMBER OR ASSOCIATE OF A SENIOR FOREIGN POLITICAL FIGURE: <input type="checkbox"/> YES <input type="checkbox"/> NO (If Left Unchecked, no will be assumed)			
I CERTIFY THAT I HAVE PREPARED AND FILED THE MOST RECENT TAX RETURN FOR THIS CLIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, PLEASE SUPPLY ID INFORMATION BELOW)			

ISSUED PICTURE ID TYPE:	ID No:	STATE/COUNTRY OF ISSUANCE:	ISSUE DATE:	EXPIRATION DATE:
-------------------------	--------	----------------------------	-------------	------------------

INVESTMENT EXPERIENCE (TRUSTEE)

IF LEFT UNCHECKED, NONE WILL BE ASSUMED

<u>STOCKS</u> <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 5YRS <input type="checkbox"/> 5-10 YRS <input type="checkbox"/> OVER 10 YRS	<u>MUTUAL FUNDS</u> <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 5YRS <input type="checkbox"/> 5-10 YRS <input type="checkbox"/> OVER 10 YRS	<u>BONDS</u> <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 5YRS <input type="checkbox"/> 5-10 YRS <input type="checkbox"/> OVER 10 YRS	<u>OPTIONS</u> <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 5YRS <input type="checkbox"/> 5-10 YRS <input type="checkbox"/> OVER 10 YRS	<u>ANNUITIES-LIFE INS</u> <input type="checkbox"/> NONE <input type="checkbox"/> LESS THAN 5YRS <input type="checkbox"/> 5-10 YRS <input type="checkbox"/> OVER 10 YRS
---	---	--	--	---

RETIREMENT PLAN'S FINANCIAL INFORMATION

ESTIMATED ANNUAL PLAN CONTRIBUTIONS: \$ _____

LIQUID NET WORTH OF PLAN: _____ (INCLUDING CASH AND SECURITIES)

ESTIMATED NET WORTH OF PLAN: _____

TAX BRACKET OF PLAN: ☐ 0% ☐ OTHER _____ (IF LEFT BLANK, DEFAULT TO 0%)

INVESTMENT OBJECTIVE OF PLAN: (check only one)

☐ CONSERVATIVE INCOME

☐ CONSERVATIVE GROWTH & INCOME

☐ CONSERVATIVE GROWTH

☐ MODERATE INCOME

☐ MODERATE GROWTH & INCOME

☐ MODERATE GROWTH

☐ AGGRESSIVE INCOME

☐ AGGRESSIVE GROWTH & INCOME

☐ AGGRESSIVE GROWTH

☐ TRADING & SPECULATION

SECTION 1 – SOURCE OF FUNDS: MARK THE APPROPRIATE BOX OR BOXES TO INDICATE THE SOURCE OR SOURCES USED TO FUND THIS PRODUCT:

***MARK BOX 1 OR 2 IF THIS IS A TRANSFER/TAKEOVER FROM ANOTHER RETIREMENT PLAN AND ASSETS WERE LIQUIDATED. IF YOU MARK BOX 1 OR 2, PLEASE COMPLETE SECTION 2, 3 AND 4.**

☐ 1. REPLACEMENT OF LIFE INSURANCE POLICY FROM PRIOR RETIREMENT PLAN.

☐ 2. PROCEEDS FROM THE CONVERSION/TRANSFER FROM ANOTHER RETIREMENT PLAN.

☐ 3. BROKER/DEALER CHANGE ONLY, NO ASSET LIQUIDATION. COMPLETE ONLY SECTIONS 2 & 4.

IF YOU MARK BOX 4 THROUGH 6, PLEASE COMPLETE SECTION 3 AND 4

☐ 4. QUALIFIED PLAN R/O ☐ 5. SALARY/WAGES ☐ 6. OTHER _____

SECTION 2 - EXITING INVESTMENT (THIS SECTION IS ONLY REQUIRED IF BOX 1, 2 OR 3 WAS CHECKED ABOVE.)

NAME OF SPECIFIC INVESTMENT(S) EXITED, TRANSFERRED OR CHANGE OF BROKER/DEALER: _____

DID YOUR CURRENT AVANTAX FINANCIAL PROFESSIONAL (FP) SELL YOU THE PRODUCT YOU ARE EXITING? ☐ Yes ☐ No

DATE PRODUCT(S) WAS/WERE ORIGINALLY PURCHASED: _____

APPROXIMATE DOLLAR AMOUNT BEING REPOSITIONED: \$ _____

SURRENDER OR CONTINGENT DEFERRED SALES CHARGE INCURRED ON EXITING INVESTMENTS (IF NONE, ENTER ZERO):

ENTER NONE IF CHANGE OF BROKER/DEALER: \$ _____ OR % _____

SECTION 3 - NEW INVESTMENT (THIS SECTION IS REQUIRED FOR EVERY NEW PURCHASE.)

NAME OF NEW INVESTMENT BEING PURCHASED: _____

AMOUNT OF INVESTMENT: _____

INTENDED USE OF THIS CONTRACT (CHECK ALL THAT APPLY): ☐ RETIREMENT INCOME ☐ OTHER (PLEASE EXPLAIN BELOW)

EXPLANATION: _____

WITH THE EXCEPTION OF REQUIRED MINIMUM DISTRIBUTIONS, HARDSHIP DISTRIBUTIONS AND LOANS:

• HOW DO YOU EXPECT TO TAKE MONEY OUT OF THIS PLAN, AS SPECIFIED IN THE PLAN DOCUMENT: ☐ REGULAR INCOME STREAM ☐ LUMP SUM

• WHEN DO YOU EXPECT TO TRANSFER OR TERMINATE THIS PLAN? ☐ 0-5 YRS ☐ 6-10 YRS ☐ 10+ YRS

SECTION 4 - PLEASE PROVIDE ANY ADDITIONAL INFORMATION USED IN EVALUATING THIS QUALIFIED PLAN

PURCHASE. IF ADDITIONAL SPACE IS NECESSARY, PLEASE ATTACH ANOTHER DOCUMENT TO THE IPED. (THIS SHOULD BE COMPLETED AND REVIEWED WITH THE CLIENT PRIOR TO THE CLIENT SIGNING.)

CLIENT ACKNOWLEDGEMENT

I/We, the TRUSTEES OF THE GROUP RETIREMENT PLAN LISTED ON PAGE 1, COMPLETE THIS DISCLOSURE ON BEHALF OF THE PLAN.

SURRENDER/TAXATION

- TRUSTEE UNDERSTANDS THAT IF THE PRODUCT HAS A SURRENDER CHARGE, THE PLAN WILL PAY THAT CHARGE DURING THE SURRENDER PERIOD ON ANY WITHDRAWALS IN EXCESS OF PERMITTED AMOUNTS.
- TRUSTEE UNDERSTANDS THAT THE GAINS IN THIS PRODUCT GROW TAX-DEFERRED, AND BECAUSE THIS PRODUCT IS PLACED IN A QUALIFIED RETIREMENT ACCOUNT, THE PLAN WOULD NOT GAIN ANY ADDITIONAL TAX-DEFERRAL ADVANTAGES.
- TRUSTEE UNDERSTANDS THAT AVANTAX WEALTH MANAGEMENTsm DOES NOT PROVIDE TAX ADVICE AND THE PLAN SHOULD CONTACT ITS TAX ADVISOR ON THE SUBJECT.

GENERAL

- TRUSTEE RECEIVED A PLAN PROPOSAL FOR THE RETIREMENT PLAN BEING ESTABLISHED AND HAD AMPLE OPPORTUNITY TO REVIEW THE INFORMATION IN THE PLAN PROPOSAL.
- TRUSTEE HAS RECEIVED A PLAN PROPOSAL AND FEE DISCLOSURE FOR THE PRODUCT BEING PURCHASED AND HAS HAD AMPLE OPPORTUNITY TO REVIEW THE INFORMATION IN THE PLAN PROPOSAL AND FEE DISCLOSURE.
- TRUSTEE HAS BEEN INFORMED OF ANY APPLICABLE FEES AND EXPENSES ASSOCIATED WITH THIS PRODUCT. TRUSTEE HAS DETERMINED THAT THE COSTS ASSOCIATED WITH THIS PRODUCT ARE ACCEPTABLE GIVEN PLAN INVESTMENT OBJECTIVES.
- TRUSTEE HAS DETERMINED THAT THIS INVESTMENT IS CONSISTENT WITH THE PLAN RISK TOLERANCE AND OVERALL INVESTMENT STRATEGY AND UNDERSTANDS THAT THE UNDERLYING SUB ACCOUNTS HAVE MARKET RISK.
- TRUSTEE HAS BEEN INFORMED OF THE FEATURES OF THIS PRODUCT INCLUDING THE DEATH BENEFITS AND INCOME BENEFITS AND UNDERSTAND HOW THEY WORK, INCLUDING RESTRICTIONS, EXCLUSIONS AND LIMITATIONS.
- I/We UNDERSTAND IF A GUARANTEED INCOME ACCOUNT IS SELECTED, THE INTEREST RATE IS GUARANTEED FOR A CERTAIN PERIOD OF TIME, SUCH AS A YEAR, AND THEN THE RATE MAY CHANGE, BASED ON CURRENT MARKET CONDITIONS. MOST CONTRACTS INCLUDE A MINIMUM GUARANTEE RATE SO THE INVESTMENT WILL ALWAYS EARN A CERTAIN MINIMUM AMOUNT NO MATTER HOW LOW INTEREST RATES FALL.
- TRUSTEE HAS BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND RECEIVE ANSWERS CONCERNING THE TERMS AND CONDITIONS OF THIS INVESTMENT AND HAS RECEIVED ANY ADDITIONAL INFORMATION TRUSTEE DEEMED NECESSARY TO EVALUATE THE PLAN INVESTMENTS.
- TRUSTEE HAS BEEN INFORMED THAT ANY GUARANTEES ASSOCIATED WITH THIS PRODUCT ARE BACKED BY THE ONGOING CLAIMS PAYING ABILITY OF THE ISSUER.
- TRUSTEE UNDERSTANDS THAT THE FINANCIAL PROFESSIONAL AND AVANTAX WILL BE COMPENSATED FOR THE SALE OF THIS PRODUCT AND THAT SPECIFIC INFORMATION ABOUT AVANTAX'S COMPENSATION IS AVAILABLE IN THE PROSPECTUS OR BY ASKING THE FINANCIAL PROFESSIONAL.
- TRUSTEE UNDERSTANDS THAT IF TRUSTEE HAS ANY QUESTIONS ABOUT THE INFORMATION CONTAINED IN THIS DOCUMENT, AND WOULD LIKE TO SPEAK WITH SOMEONE AT THE AVANTAX HOME OFFICE, TRUSTEE CAN CONTACT THE SALES SUPERVISION DEPARTMENT AT (800) 821-8254, x4790, OPTION 1. THE AVANTAX FINANCIAL PROFESSIONAL BE NOTIFIED AND GIVEN THE OPPORTUNITY TO PARTICIPATE IN THE CONVERSATION.
- TRUSTEE AGREES THAT THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF TEXAS WITHOUT REGARD TO ITS CONFLICT OF LAWS PROVISIONS AND SHALL INURE TO THE BENEFIT OF THE PLAN AND AVANTAX'S RESPECTIVE SUCCESSORS AND ASSIGNS, AND SHALL BE BINDING ON THE PLAN AND ITS REPRESENTATIVES, ATTORNEYS-IN-FACT, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS.

AVANTAX CLIENT PRE-DISPUTE ARBITRATION AGREEMENT

THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST

<p>SCHEDULED HEARING DATE.</p> <p>(v.) THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.</p> <p>(vi.) THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.</p> <p>(vii.) THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.</p> <p>NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PRE-DISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL:</p> <p style="margin-left: 20px;">(i) THE CLASS CERTIFICATION IS DENIED; OR</p> <p style="margin-left: 20px;">(ii) THE CLASS IS DECERTIFIED; OR</p> <p style="margin-left: 20px;">(iii) THE CLIENT IS EXCLUDED FROM THE CLASS BY THE COURT.</p> <p>SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN.</p> <p>YOU AGREE THAT ALL CLAIMS, CONTROVERSIES AND OTHER DISPUTES BETWEEN YOU AND AVANTAX WEALTH MANAGEMENT AND ITS AFFILIATED ENTITIES, INCLUDING AVANTAX INSURANCE AGENCYSM (COLLECTIVELY REFERRED TO AS "AVANTAX") AND ANY OF THEIR DIRECTORS, OFFICERS, EMPLOYEES, REGISTERED REPRESENTATIVES OR AGENTS ARISING OUT OF OR RELATING TO THIS AGREEMENT OR ANY ORDERS OR TRANSACTIONS THEREIN OR THE CONTINUATION, PERFORMANCE OR BREACH ANY AGREEMENT BETWEEN YOU AND AVANTAX, WHETHER ENTERED INTO BEFORE, ON, OR AFTER THE DATE THIS ACCOUNT IS OPENED, SHALL BE DETERMINED BY ARBITRATION CONDUCTED BY, AND SUBJECT TO THE ARBITRATION RULES THEN IN EFFECT OF, FINRA. IF FINRA DECLINES JURISDICTION, THEN YOU AGREE TO HAVE THE ARBITRATION CONDUCTED BY AND SUBJECT TO THE RULES THEN IN EFFECT OF THE AMERICAN ARBITRATION ASSOCIATION. THIS AGREEMENT TO ARBITRATE SHALL BE SPECIFICALLY ENFORCEABLE UNDER PREVAILING LAW AND PROCEDURES. ALL FEDERAL AND STATE STATUTES OF LIMITATION, DOCTRINES OF REPOSE AND TIME BARS SHALL APPLY TO ANY ARBITRATION PROCEEDING, AND NOTHING IN THIS AGREEMENT SHALL BE DEEMED TO LIMIT OR WAIVE THE APPLICATION OF ANY SUCH STATUTE OR DOCTRINE. THE AWARD RENDERED BY THE ARBITRATORS SHALL BE FINAL, AND JUDGMENT MAY BE ENTERED UPON IT IN ANY COURT HAVING JURISDICTION OVER THE PARTIES. COUNSEL CAN ADVISE YOU ON HOW THIS PROVISION MAY AFFECT YOU.</p>	
<p>TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY-LAUNDERING ACTIVITIES, U.S. FEDERAL LAW REQUIRES FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON (INDIVIDUALS AND BUSINESSES) 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 FOR YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.</p> <p>I/WE ACKNOWLEDGE REVIEW AND APPROVAL OF ALL OF THE INFORMATION CONTAINED ON ALL 4 PAGES OF THIS INSURANCE PURCHASING/EXCHANGE DISCLOSURE (IPED) FOR VARIABLE ANNUITIES DOCUMENT.</p> <p>THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE, WHICH BEGINS ON THE PREVIOUS PAGE.</p> <p>I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, INCLUDING THE AVANTAX PRE-DISPUTE ARBITRATION CLAUSE.</p>	
TRUSTEE SIGNATURE:	DATE:
TRUSTEE NAME (PRINTED):	
I HAVE A REASONABLE BASIS TO BELIEVE THE PURCHASE OF THIS QUALIFIED PLAN IS SUITABLE AND THE CUSTOMER HAS BEEN INFORMED OF ALL MATERIAL FACTS, CONFLICTS OF INTEREST, MARKET RISK AND EXPENSE. IF THE PLAN MOVES, THE PLAN MAY BE SUBJECT TO TERMINATION FEES AND MARKET VOLATILITY.	
FINANCIAL PROFESSIONAL SIGNATURE:	DATE:
FINANCIAL PROFESSIONAL NAME (PRINTED):	FP NUMBER:
INTERNAL USE ONLY	
<input type="checkbox"/> APPROVE <input type="checkbox"/> REJECT REASON FOR REJECTION : _____	
IN APPROVING THIS QUALIFIED PLAN PURCHASE, I HAVE A REASONABLE BASIS TO BELIEVE THAT THIS TRANSACTION IS SUITABLE IN ACCORDANCE WITH FINRA'S GENERAL SUITABILITY RULE AND MEETS THE GUIDELINES SET FORTH IN FINRA RULE 2330.	
SALES SUPERVISOR:	
SALES SUPERVISOR SIGNATURE:	DATE:

Avantax Wealth ManagementSM is the holding company for the group of companies providing financial services under the Avantax name. Securities offered through Avantax Investment ServicesSM, Member FINRA, SIPC. Investment advisory services offered through Avantax Advisory ServicesSM. Insurance services offered through licensed agents of Avantax Insurance AgencySM and Avantax Insurance ServicesSM. Not all products and services listed are offered by all firms. Products and services listed may only be offered by properly licensed individuals.

3200 Olympus Blvd, Dallas, TX 75019 972-870-6000