

SIMPLE IRA - Employer Certification Form

Employers use this form to complete the 5304 SIMPLE IRA, type 5304, account opening process.

Instructions:

This form must be completed in order for your employee to open an individual retirement account ("IRA") with us under your company's Savings Incentive Match Plan for Employees of Small Employers ("SIMPLE"). The custodian of your SIMPLE IRA is Kingdom Trust Co, a trust company.

IMPORTANT NOTE: Your employee will be unable to open a SIMPLE IRA with us under your company's plan until we receive a fully completed and executed copy of this form from you.

U.S. Mail

Folio Institutional
8180 Greensboro Drive, 8th Floor
McLean, VA 22102

Fax: 703-649-6288

Scan and Email: support@folioinstitutional.com

If you need assistance, please call us at 1-888-485-3456.

PART 1: Certifications

____ ("Employer"), hereby certifies, represents and warrants to FOLIO *fn* Investments, Inc. (we/us/our) as follows:

1. Employer is eligible, under the Internal Revenue Code ("IRC") and regulations adopted thereunder, to adopt a Savings Incentive Match Plan for Employees of Small Employers ("SIMPLE" or "Plan") and will immediately notify us if Employer ceases to be eligible.
2. Employer has adopted a SIMPLE and, under the terms of the Plan, employees eligible to participate may select the financial institution at which they will open and maintain a SIMPLE IRA, i.e. Employer has not named a Designated Financial Institution.
3. _____ ("Employee") is an employee of Employer and is eligible to participate in the Plan. Employer will notify us immediately in the event Employee ceases to be eligible to participate in the Plan for any reason whatsoever.
4. Employer understands and agrees that it solely and exclusively responsible for providing and will provide Employee with all information and disclosures required to be provided to Employee under applicable laws, rules and regulations, including, but not limited, providing Employee with the information contained in Pages 1 and 2 of Form 5304-SIMPLE on an annual basis.
5. Employer understands and agrees that it is solely and exclusively responsible for the operation of the Plan and for ensuring Employee complies with the terms and conditions of the Plan, including, but not limited to, applicable restrictions and limitations on the nature and amount of contributions that can be made to Employee's SIMPLE IRA. **To assist Employer with fulfilling these responsibilities, we, upon Employer's request and with Employee's consent, will provide Employer with electronic access to Employee's SIMPLE IRA that we maintain. To obtain such access, please contact our customer service department at support@folioinstitutional.com.**
6. Employer will comply with all of its obligations under the Plan and under applicable laws, rules regulations.
7. Employer agrees to indemnify and hold us harmless including our directors, officers, employees and agents from and against any and all losses, costs, damages and expenses (including reasonable attorney's fees) arising out of or related to Employer's failure to comply with the certifications contained in this SIMPLE IRA Employer Certification Form or its operation of the Plan.

CERTIFIED TO FOLIO *fn* INVESTMENTS, INC.

EMPLOYER

By	Employer	Date
Name/Title	Name	Title