



Quest IRA, Inc.

The Leading Provider of Self-Directed IRAs

Traditional/ SEP IRA Starter Kit

Quest IRA, Inc. - Corporate
17171 Park Row, Suite 100
Houston, TX 77084
Toll Free: 800.320.5950
Fax: 281.646.9701
NewAccounts@QuestIRA.com

Other Offices:
Dallas, TX
Austin, TX
Mason, MI

www.QuestIRA.com





APPLICATION CHECKLIST

STEP ONE

Fill out the Adoption Agreement

- Fill out the Adoption Agreement, review for accuracy
- Remember to sign and date your Adoption Agreement. Make sure the signature matches the one appearing on your ID.

STEP TWO

Choose a fee schedule and sign

- Review the *Fee Schedule* and choose the fee option that best suits you.
- Review additional services and transaction fees. Contact your local Quest representative if you have questions.

STEP THREE

Fund your account

- Complete the *Rollover/Direct Rollover Form* if you are taking a distribution from your previous employer plan (401k, 403b, 457, Pensions, etc.) or IRA custodian. To avoid taxes, complete the rollover within 60 days from the date of the distribution.
- Complete the *Transfer Form* to transfer funds from your old IRA to your new Quest Self-directed IRA. If you are transferring funds from more than one IRA, fill out a separate form for each account. A medallion guarantee stamp from a financial institution may be needed in order to process this *Transfer Form*.
- *Transfer Form and/or Rollover/Direct Rollover Form* must be accompanied by a copy of your current statement.

STEP FOUR

Make a copy of your ID

- Make a copy of your ID (government issued). Make sure the copy is clear, legible, and that the signature on your ID matches the signature on your Adoption Agreement. (e.g. Drivers License, Passport, etc.)
- If the address on your ID is not current or it is missing from the ID, attach a copy of your current utility bill, Rental agreement, property Tax Bill, or banking statement.

STEP FIVE

Consider additional account options

- Complete the *Interested Party Designation Form* to allow someone other than yourself to obtain your account information.
- Complete the *Limited Power of Attorney Form* to allow someone other than yourself to conduct transactions within your account and obtain your account information.

STEP SIX

Pay \$50 set-up fee

- Make a \$50 check payable to Quest IRA, Inc. or
- Fill out a *Credit Card Authorization Form* in the amount of \$50

FINAL STEP

Submit your completed packet

- Keep the custodial account agreement (5305) for your records.
- Mail your original completed packet to: Quest IRA, Inc. 17171 Park Row, Suite 100, Houston, Texas 77084

NOTE:

PROCESSING TIME

- Account set-up usually takes 24-48 hours, unless corrections are necessary.
- Transfer requests can take 7-14 business days depending on your previous custodian's processing time. To expedite the process, contact your previous custodian and request status of transfer.
- For additional assistance, contact your local Quest IRA office
www.QuestIRA.com or 1-800-320-5950



Quest IRA, Inc.

General Fee Schedule

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
Accounting@QuestIRA.com

Choose Your Annual Administration Fee Plan

Option One: Number Fee Schedule

\$295 flat fee per asset per year, excluding cash

Minimum Quarterly Fee Per Account \$25

Option Three: Gold Family Service *

\$2,400 flat annual fee

***Unlimited accounts for husband, wife and minor children under age 18. All fees included except wire/overnight fees.**

Additional Option: Brokerage Accounts \$99 per year

Charles Schwab (\$100 minimum cash balance)

Scottrade (\$500 minimum cash balance)

Option Two: Fee Based on Total Account Value

Total Account Value		Quarterly Fee
\$0	\$14,999.99	\$48.75
\$15,000	\$29,999.99	\$62.50
\$30,000	\$44,999.99	\$81.25
\$45,000	\$59,999.99	\$93.75
\$60,000	\$89,999.99	\$112.50
\$90,000	\$124,999.99	\$131.25
\$125,000	\$249,999.99	\$162.50
\$250,000	\$499,999.99	\$193.75
\$500,000	\$749,999.99	\$375.00
\$750,000 and up		\$462.50

Minimum Quarterly Fee Per Account \$25

Services Included With Administration Fee

- Online Account Access
- Required Minimum Distributions By Check
- Annual Tax Reporting
- Access to Regular Educational/Networking Events

Transaction Fees

- Purchase, sale, exchange or re-registration of or additional investment to any Non-Real Estate Asset/Liability: \$95
- Purchase, sale, exchange or re-registration of any Real Estate Asset/Liability: \$125
- Wire transfer: \$30
- Cashier's or other bank check: \$10
- ACH transfers or trust checks: \$5
- Overnight mail: \$35
- Returned items or stop payment request: \$30
- Re-processing of incomplete documents: \$25 per reprocessing, plus applicable fees.

Other Fees

- Account opening fee: \$50
- Special services, such as research of closed accounts, legal research, expedited investment review or additional processing required for certain complex transactions: \$150/hour
- Account termination fee: \$150

NOTE: If no fee plan is selected then the account will be billed under Option Two (Fee Based on Total Account Value)

Custodian's Fees: I agree that First Trust Company of Onaga (FTCO), Custodian, will receive, from the assets held in my account, a fee equal in amount to all income that is generated from any Undirected Cash (defined as any cash in my account not invested pursuant to a specific investment direction by me) which has been deposited by FTCO into FDIC or other United States government insured financial institutions, United States government securities, or securities that are insured or guaranteed by the United States government. FTCO retains the right, but does not have the obligation, to reduce this fee by rebating a portion of the fee into my account. I agree that this fee may be retained by FTCO as compensation for the services provided by FTCO in relation to my account. FTCO may pay all or an agreed portion of this fee to Quest IRA, Inc., Administrator, as agreed between FTCO and Quest IRA, Inc. FTCO reserves the right to change all or part of the Custodial Fee Schedule at its discretion with 30 days advance notice. I acknowledge and agree that FTCO may transfer any Undirected Cash in my account into any FDIC insured financial institution or in United States government securities or in securities that are insured or guaranteed by the United States government without any further approval or direction by me.

I agree that Quest IRA, Inc. may change its fee schedule at any time by giving me 30 days prior written notice. If payment is not received within 30 days from the due date reflected on an invoice, a past due notice will be mailed to me and a late fee equal to the lower of (a) 1.5% of the outstanding invoice for every month or partial month that the invoice is outstanding or (b) the maximum late penalty permitted under the state law of Texas, will be assessed to my account. Additionally, Quest IRA, Inc. may liquidate assets from the account, without notice, for any outstanding fee which has not been paid. If fees are not paid within thirty (30) days after Quest IRA, Inc. has mailed the past due notice, Quest IRA, Inc. will begin the process of closing the account. I understand that any asset distributed directly to me as part of closing my account will be reported to the IRS on Form 1099 and may subject me to possible taxes and penalties. I agree that accounts with past due fees, unfunded accounts, and accounts with zero value will continue to incur administration fees until such time as I notify Quest IRA, Inc. of my intent to close the account or until Quest IRA, Inc. and/or FTCO resigns.

I elect to pay fees by: My Account Check Credit Card (attach Credit Card Authorization Form)

PLEASE PRINT, SIGN AND SEND THIS FORM TO YOUR QUEST IRA, INC. OFFICE.

Signature: _____

Date: _____

Print Name: _____

Account Number: _____



Quest IRA, Inc.

Credit Card Authorization Form

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
Accounting@QuestIRA.com

CLIENT INFORMATION

Name:	Account Number:
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CREDIT CARD INFORMATION

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover

Credit Card Number: _____

Expiration Date:	3 Digit Security Code: (4 Digits for AMEX)
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Name on Card: _____

Address of Card Holder: _____

City:	State:	Zip Code:
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Phone number where you can be reached: _____

I certify and give permission to Quest IRA, Inc. to charge my credit card for the amount listed below.

Signature: _____ Date: _____

Amount: \$ _____



Quest IRA, Inc.

Traditional or SEP IRA Adoption Agreement

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestIRA.com

Mail to Quest IRA, Inc. with a copy of your government issued photo ID, e.g. driver's license or passport.

This is a fill-in .pdf form. You can complete this form using Adobe Acrobat Reader.

For Office Use Only:
Account Number Assigned:

A. ACCOUNT HOLDER/PERSONAL INFORMATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	1. Legal Name:	
<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.		
2. Legal Address:			
3. City:		4. State:	5. Zip Code:
6. Mailing Address (optional):			
7. City:		8. State:	9. Zip Code:
10. Date of Birth:	11. Social Security Number:	12. Telephone Number (primary):	
13. Telephone Number (secondary):		14. Fax Number:	
15. Email Address:		16. Request for online access to view statements and receive account email notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Marital Status: <input type="checkbox"/> Married (see consent of spouse) or <input type="checkbox"/> Not Married			
18. Is this an inherited IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide deceased, original IRA holder's name:	
19. Is this a SEP IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, employer name:	

B. ACCOUNT FUNDING INFORMATION

Initial Contribution \$ _____ Tax Year: _____

Type of Contribution:

Regular IRA (including spousal)

Rollover from another Traditional IRA

Recharacterization (Complete separate Recharacterization Form)

SEP IRA Contribution

Rollover/Direct Rollover from an employer's plan (other than a Designated Roth Contribution Account)

Transfer from another IRA. Transfer received from: _____



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C. BENEFICIARY DESIGNATION

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to **Quest IRA, Inc.**

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis.

<input type="checkbox"/> Primary	Name: _____ SSN: _____ Date of Birth: _____ Relationship: _____ Percent of Share: _____ %
<input type="checkbox"/> Contingent	Address: _____ City: _____ State: _____ Zip: _____ <i>A copy or abstract of a trust must be provided if a trust is named as beneficiary.</i>

<input type="checkbox"/> Primary	Name: _____ SSN: _____ Date of Birth: _____ Relationship: _____ Percent of Share: _____ %
<input type="checkbox"/> Contingent	Address: _____ City: _____ State: _____ Zip: _____ <i>A copy or abstract of a trust must be provided if a trust is named as beneficiary.</i>

<input type="checkbox"/> Primary	Name: _____ SSN: _____ Date of Birth: _____ Relationship: _____ Percent of Share: _____ %
<input type="checkbox"/> Contingent	Address: _____ City: _____ State: _____ Zip: _____ <i>A copy or abstract of a trust must be provided if a trust is named as beneficiary.</i>

<input type="checkbox"/> Primary	Name: _____ SSN: _____ Date of Birth: _____ Relationship: _____ Percent of Share: _____ %
<input type="checkbox"/> Contingent	Address: _____ City: _____ State: _____ Zip: _____ <i>A copy or abstract of a trust must be provided if a trust is named as beneficiary.</i>

D. SPOUSAL CONSENT (IF APPLICABLE)

I consent to the above Beneficiary Designation.

Signature of Spouse: _____ Date: _____

(Note: Consent of the Account Holder's spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Account Holder's spouse)

Disclaimer For Community and Marital Property States: The Account Holder's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Account Holder's beneficiary designation or as to the ownership of the account after the death of the Account Holder's spouse. For additional information, please contact your legal advisor.



Traditional or SEP IRA Adoption Agreement

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E. ACKNOWLEDGMENTS AND AGREEMENT TO TERMS

Custodian and Administrator: The Custodian for my account is First Trust Company of Onaga (FTCO) and the Administrator for my account is Quest IRA, Inc. I understand that the Custodian and the Administrator may resign by giving me written notice at least 30 days prior to the effective date of such resignation. I understand that if I fail to notify the Administrator of the appointment of a successor trustee or custodian within such 30 day period, then the assets held by the Custodian in my account (whether in cash or personal or real property, wherever located, and regardless of value) will be distributed to me, outright and free of trust, and I will be wholly responsible for the tax consequences of such distribution.

No Tax, Legal or Investment Advice: I acknowledge that the Custodian and the Administrator do not provide or assume responsibility for any tax, legal or investment advice with respect to the investments and assets in my account, and will not be liable for any loss which results from my exercise of control over my account. I understand that my account is self-directed, and I take complete responsibility for any investments I choose for my account. I further understand that neither the Custodian nor the Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way agents, employees, representatives, affiliates, partners, independent contractors, consultants, or subsidiaries of the Custodian or the Administrator, and that the Custodian and Administrator are not responsible for and are not bound by any statements, representations, warranties or agreements made by any such person or entity. I agree to consult with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my account.

Prohibited Transactions: I understand that my account is subject to the provisions of Internal Revenue Code (IRC) Section 4975, which defines certain prohibited transactions. I acknowledge and agree that neither the Custodian nor the Administrator will make any determination as to whether any transaction or investment in my account is prohibited under sections 4975, 408(e) or 408A, or under any other state or federal law. I accept full responsibility to ensure that none of the investments in my account will constitute a prohibited transaction and that the investments in my account comply with all applicable federal and state laws, regulations and requirements.

Unrelated Business Income Tax: I understand that my account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Taxable Income (UBTI) of tax-exempt organizations. I agree that if I direct the Administrator to make an investment in my account which generates UBTI, I will be responsible for preparing or having prepared the required IRS Form 990-T tax return, an application for an Employer Identification Number (EIN) for my account, and any other documents that may be required, and to submit them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my account and to pay the applicable tax from the assets in my account. I understand that the Custodian and the Administrator do not make any determination of whether or not investments in my account generate UBTI; have no duty to and do not monitor whether or not my account has incurred UBTI; and do not prepare Form 990-T on behalf of my account.

Valuations: I understand that the assets in my account are required to be valued annually at the end of each calendar year in accordance with IRC Section 408(i) and other guidance provided by the IRS, and that the total value of my account will be reported to the IRS on Form 5498 each year. I agree to provide the year end value of any illiquid and/or non-publicly traded investments, which may include without limitation limited partnerships, limited liability companies, privately held stock, real estate investment trusts, hedge funds, real estate, secured and unsecured promissory notes, and any other investments as the Custodian shall designate, by no later than January 10th of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all losses, expenses, settlements, or claims with regard to investment decisions, distribution values, tax reporting or any other financial impact or consequence relating to or arising from the valuation of assets in my account.

Indemnification: I agree that the Custodian and the Administrator have no duty other than to follow my written instructions, and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my account under any circumstances. I understand that the Custodian and the Administrator are acting only as my agent, and nothing will be construed as conferring fiduciary status on the Custodian or the Administrator. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken (or omitted to be taken) pursuant to and/or in connection with any investment transaction directed by me or my investment advisor or resulting from serving as the Custodian or the Administrator, including, without limitation, claims, damages, liability, actions and losses asserted by me.

Electronic Communications, Signatures, and Records: I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state where the Custodian is organized (Kansas Statutes Annotated (KSA) Sections 16-601 et seq.), and the federal Electronic Signature in Global and National Commerce Act (ESIGN Act, as contained in 15 U.S.C. 7001), as those laws pertain to electronic communication, electronic signatures, and electronic storage of Custodial Account records. I understand that, in lieu of the retention of the original records, the Administrator and Custodian may cause any, or all, of their records, and records at any time in their custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original.

Responsibility for determining eligibility and tax consequences: I assume complete responsibility for 1) determining that I am eligible to make a contribution to my account; 2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and 3) the tax consequences of any contribution (including a rollover contribution) and distributions.

No FDIC Insurance for Investments: I recognize that investments purchased and/or held within my account: 1) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2) are not a deposit or other obligation of, or guaranteed by, either the Custodian or the Administrator; and 3) are subject to investment risks, including possible loss of the principal amount invested.



Traditional or SEP IRA Adoption Agreement

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17171 Park Row, Suite 100
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P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestIRA.com

F. PRIVACY POLICY

Our Privacy Policy: You have chosen to do business with the Custodian and the Administrator. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect: We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share: We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian and Administrator have agreed to the Custodian's and the Administrator's confidentiality and security policies. If you decide to close your account or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security: We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Custodian and the Administrator reserve the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy, please contact us at the address and or telephone number listed on this Adoption Agreement.

G. SIGNATURE

Under penalties of perjury, I certify that the above information (including my Social Security number) is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the plan document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of this Disclosure Statement with respect to the Individual Retirement Account. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a trust, I understand I must provide certain information concerning such trust to the Custodian.

Account Holder's Signature: _____ Date: _____

H. ACCEPTANCE

(FOR OFFICE USE ONLY)

Authorized Signature of Administrator as Agent for Custodian: _____

Date: _____



Quest IRA, Inc.

Transfer Form

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestIRA.com

A. ACCOUNT HOLDER INFORMATION

Account Holder's Name:		Quest IRA, Inc. Account Number:	
Address:			
City:	State:	Zip Code:	
Telephone Number:		Social Security Number:	

B. CURRENT CUSTODIAN INFORMATION

Name of Current Custodian:		Account Number:	
Address:			
City:	State:	Zip Code:	
Telephone Number:		Current statement is attached: <input type="checkbox"/> Yes	

C. TYPE OF ACCOUNT TO BE TRANSFERRED/ELIGIBILITY

1. I am transferring **FROM** the following type of plan: (check one box)

Account Type:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
	<input type="checkbox"/> Qualified Employer Plan (e.g. 401(k))	<input type="checkbox"/> HSA	<input type="checkbox"/> Coverdell ESA	
	<input type="checkbox"/> Beneficiary Traditional IRA**	<input type="checkbox"/> Beneficiary Roth IRA**		

2. I am transferring **TO** the following type of plan: (check one box)

Account Type:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
	<input type="checkbox"/> Individual 401(k)*	<input type="checkbox"/> HSA	<input type="checkbox"/> Coverdell ESA	
	<input type="checkbox"/> Beneficiary Traditional IRA**	<input type="checkbox"/> Beneficiary Roth IRA**		

*If this is a transfer from a qualified employer plan to an Individual 401(k), please provide the Individual 401(k) plan name: _____

**If this account type is a Beneficiary Traditional or Roth IRA, please provide the original, deceased account holder's name: _____

3. I am an eligible person to perform this transaction: (check one box)

<input type="checkbox"/> Account Owner	<input type="checkbox"/> Responsible Individual (ESA)	<input type="checkbox"/> Death Beneficiary
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Quest IRA, Inc.

Transfer Form

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NewAccounts@QuestIRA.com

D. TYPE OF TRANSFER

Please select either (1) a complete transfer or (2) a partial transfer: (check one box)

COMPLETE TRANSFER: If you need to liquidate investments, please contact your current custodian and inquire about their liquidation/transfer process prior to submitting this completed form. Quest IRA, Inc. will not request liquidation of assets or investments on your behalf. Please be aware that penalties may be incurred if time deposits are liquidated prior to their maturity. **Please attach your most recent statement from your current custodian.**

Note: Please complete Section E below if you are transferring assets in-kind. Transferring assets "in-kind" refers to the process of reregistering an asset with the proper vesting for your Quest IRA account. For example, as Quest IRA Inc. FBO [Account Holder's Name] IRA# [Account Number].

PARTIAL TRANSFER: Please indicate what you would like transferred by selecting cash OR in-kind transfer. If you need to liquidate investments, please contact your current custodian and inquire about their liquidation/transfer process prior to submitting this completed form. Quest IRA, Inc. will not request liquidation of assets or investments on your behalf. Please be aware that penalties may be incurred if time deposits are liquidated prior to their maturity. **Please attach your most recent statement from your current custodian.**

CASH: Please send all available cash or specific amount \$ _____

IN-KIND: Please complete Section E below if you are transferring assets in-kind.

Note: Transferring assets "in-kind" refers to the process of reregistering an asset with the proper vesting for your Quest IRA account. For example, as Quest IRA Inc. FBO [Account Holder's Name] IRA# [Account Number].

E. ASSET DESCRIPTION

Asset:	Value:

F. DELIVERY INSTRUCTIONS

1. How would you like this form sent to your current Custodian?

Priority Mail (free) Overnight Mail (\$35 fee*) Fax to: _____

*If you have selected overnight mail, how would you like to pay for the overnight fee? My Account Credit Card on file
 Check Enclosed Credit Card Authorization Form attached

2. How would you like the cash sent to **Quest IRA, Inc.?** (check one box)

CHECK: Please make checks payable to: _____ **WIRE:** Please see attached wire instructions.

Quest IRA, Inc.
FBO [Account Holder's Name] [Account Number] and mail to:

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084

Note: Fees may apply from your current custodian.



Quest IRA, Inc.

Transfer Form

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestIRA.com

AGE 70 ½ REMINDER *(PLEASE NOTE, IF TRANSFERRING FROM A TRADITIONAL, SEP OR SIMPLE IRA)*

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70 ½, the required minimum amount determined under the IRA being transferred is still required to be distributed.

I further understand that the current custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to the IRA being transferred by withdrawing sufficient amounts from my Quest IRA or from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer.

If this transfer leaves my current custodian in one year but does not reach Quest IRA, Inc. until the following year, I understand that this will be an "outstanding transfer" as of December 31st. My Quest IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the Quest IRA for the year that the transfer was received. I will inform Quest IRA, Inc. of any such outstanding transfer.

G. SIGNATURE

I hereby authorize this transfer and instruct my current custodian to transfer the assets in my account as indicated above.

Client Signature _____ Date _____



Medallion Signature Guarantee
(if required by your current custodian)

H. ACCEPTANCE

First Trust Company of Onaga (FTCO) agrees to serve as custodian for the account of the above named individual, and as custodian, FTCO agrees to accept the assets of the account being transferred. Quest IRA Inc. is executing this Transfer Form and accepting the assets as the agent and nominee of FTCO pursuant to a written delegation of authority.

Authorized Signature _____ Date _____



Quest IRA, Inc.

IRA Rollover or Direct Rollover Form

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestIRA.com

A. ACCOUNT HOLDER INFORMATION

Account Holder's Name:		Quest IRA, Inc. Account Number:	
Address:			
City:	State:	Zip Code:	
Telephone Number:		Social Security Number:	
Type of IRA: Place these funds in a <input type="checkbox"/> Regular Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA			

B. FORMER CUSTODIAN OR EMPLOYER PLAN INFORMATION

Name of Former Custodian or Employer Plan:	
Former Custodian or Employer Plan Account Number:	Current statement is attached: <input type="checkbox"/> Yes

C. FORM OF ROLLOVER

This Rollover/Direct Rollover is a:

COMPLETE DISTRIBUTION/ROLLOVER PARTIAL DISTRIBUTION/ROLLOVER

Please attach your most recent statement from your former custodian or employer plan.

I am doing a Rollover/Direct Rollover of:

CASH: all available cash or specific amount \$ _____

IN-KIND ASSETS: Please complete Section D below if you are rolling over assets in-kind.*

*Note: Distributing and rolling over assets "in-kind" refers to the process of reregistering an asset with the proper vesting for your Quest IRA account. For example, as Quest IRA Inc. FBO [Account Holder's Name] IRA# [Account Number].

D. ASSET DESCRIPTION

Asset:	Value:



IRA Rollover or Direct Rollover Form

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NewAccounts@QuestIRA.com

E. TYPE OF ROLLOVER

PLEASE SELECT ONE OF THE FOLLOWING:

Part 1. Rollover From Another IRA (or Another SIMPLE IRA)

I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time home buyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time home buyer.)
3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA.

Date employee first participated in original SIMPLE IRA: _____

Part 2. Rollover/Direct Rollover From an Employer Plan

I certify that the following statements are true and correct:

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employees' Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more.
3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant, the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
6. I certify that this Rollover/Direct Rollover does not contain a distribution from a Designated Roth Contribution Account.

Part 3. Additional Information for Rollovers Beginning at Age 70 ½

I received the distribution from the other plan on _____. This distribution is is not an outstanding rollover as of the prior December 31st.

I certify that this rollover does not include any required minimum distribution from the distributing plan, or I certify that I have already satisfied my required minimum distribution for the IRA being rolled over from another IRA.

F. SIGNATURE OF ACCOUNT HOLDER

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I understand that this will not be a valid IRA rollover unless PART I or PART II (and, if applicable, PART III) are correct statements. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions from qualified plans, qualified annuities, 403(b) plans, governmental 457(b) plans, or the Federal Employees' Thrift Savings Plan and Rollovers/Direct Rollovers to IRAs, Quest IRA, Inc. has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I hereby release Quest IRA, Inc. and the Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

Signature of Account Holder: _____ Date: _____



Quest IRA, Inc.

Interested Party Designation

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestIRA.com

A. ACCOUNT HOLDER INFORMATION

Your Name:	Account Number:
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B. INTERESTED PARTY DESIGNATION

I hereby authorize the Interested Party designated below to receive any and all information about my account. I understand that this Interested Party Designation will NOT allow the Interested Party to make changes to my account, to authorize distributions from my account, or to sign any Direction of Investment, any Direction to Sell, any Payment Authorization Letter, or any other administrative forms for my account.

B1. Name of Interested party:

B2. Address:

B3. City:	B4. State:	B5. Zip Code:
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B6. Telephone Number:	B7. Fax Number:
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B8. Email Address:	B9. This Form Applies to All Accounts: <input type="checkbox"/> Yes <input type="checkbox"/> No
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C. SIGNATURE

I agree that this Interested Party Designation will remain in effect until I notify Quest IRA, Inc. in writing that I have revoked it. I agree to indemnify and hold harmless Quest IRA, Inc., its officers, directors, and employees, and the Custodian against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Interested Party Designation. This indemnity and hold harmless provision shall survive any termination of the Interested Party Designation.

I understand that this Interested Party Designation will only become effective upon receipt of a fully completed form with my original signature.

Account holder signature: _____ Date: _____



Quest IRA, Inc.

Limited Power of Attorney

Quest IRA, Inc.
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestIRA.com

A. ACCOUNT HOLDER INFORMATION

Your Name:	Account Number:
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B. LIMITED POWER OF ATTORNEY

I hereby appoint the individual named below as my agent and attorney-in-fact for my account, with the power to receive any and all information about my account, and the power to sign any Direction of Investment, any Direction to Sell, any Payment Authorization Letter, and any other administrative forms except for a Change of Beneficiary Form or a Distribution Form. I understand that this Limited Power of Attorney does not allow my agent and attorney-in-fact to change any beneficiary on my account or to request a distribution from my account.

B1. Attorney-in-Fact Name: _____

B2. Attorney-in-Fact Address: _____

B3. City:	B4. State:	B5. Zip Code:
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B6. Telephone Number:	B7. Fax Number:
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B8. Email Address:	B9. This Form Applies to All Accounts: <input type="checkbox"/> Yes <input type="checkbox"/> No
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C. SIGNATURES AND ACKNOWLEDGMENT

Declaration of Agent and Attorney-in-Fact: I understand that this Limited Power of Attorney does not allow me to change any beneficiary for this account or to direct any distribution from this account. I understand that this Limited Power of Attorney may not be used to direct the purchase from or sale to any disqualified person of any asset or to direct any payments to any disqualified person. I understand that by accepting or acting under this appointment, I assume the fiduciary and other legal responsibilities of an agent.

Signature of Attorney-in-Fact: _____ Date: _____

PLEASE SEND THIS FORM TO QUEST IRA, INC.

This Limited Power of Attorney will remain in effect until I notify Quest IRA, Inc. in writing that I have revoked it, and it is not affected by my subsequent disability or incapacity. I agree to indemnify and hold harmless Quest IRA, Inc., its officers, directors, and employees, and the Custodian against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Limited Power of Attorney. This indemnity and hold harmless provision shall survive any termination of the Limited Power of Attorney. **I understand that this Limited Power of Attorney will only become effective upon receipt of a fully completed and notarized form with original signatures.**

Account Holder signature: _____ Date: _____

NOTARY ACKNOWLEDGMENT REQUIRED

State of Notary: _____

County of Notary: _____

This instrument was acknowledged before me on the _____ day of _____, 20_____, by _____ (Account Holder).

 Notary Public, State of: _____
 Commission Expires: _____
 Notary's Name Typed or Printed: _____
