



# TRADITIONAL/SEP AND ROTH IRA APPLICATION

Use this IRA Application to open a Traditional, SEP, OR ROTH IRA.

**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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

**MAILING INSTRUCTIONS**

Please send completed form to:

Regular Mail Delivery

Payden Mutual Funds  
PO Box 1611  
Milwaukee, WI 53201-1611

Overnight Delivery

Payden Mutual Funds  
C/O UMB Fund Services, Inc.  
235 West Galena Street  
Milwaukee, WI 53212

**SELECT TYPE OF IRA:**    Traditional IRA    SEP IRA    Roth IRA

**PART I-A: IRA OWNER INFORMATION (DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA, RESPONSIBLE PARTY IF IRA IS FOR A MINOR)**

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

\_\_\_ Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *IRA Application*. If you are a spouse claiming the IRA as your own, do not complete the section below.

**PART I-B: INHERITED OR MINOR IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRA OR MINOR IRA ONLY)**

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PART II: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

Regular/Spousal Contribution      Amount: \_\_\_\_\_      Tax Year(s): \_\_\_\_\_

Amount: \_\_\_\_\_      Tax Year(s): \_\_\_\_\_

Recharacterization (Complete a Recharacterization Form)

Conversion      Amount: \_\_\_\_\_      Source:    Traditional IRA      SEP/SIMPLE IRA\*

Employer SEP Contribution      Amount: \_\_\_\_\_

Direct Transfer      Source:    Traditional IRA      SEP IRA      ROTH IRA      SIMPLE IRA\*

(Complete a Transfer Form)

Rollover      Source:    Traditional IRA      SEP IRA      SIMPLE IRA\*

Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))

Roth Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))

Other      Explain: \_\_\_\_\_

\* You may not transfer or rollover SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.

**PART III: PAYMENT METHOD**

You can open your account using any of these methods.

**By Check**      Enclose a check payable to Payden Mutual Funds for the total amount.

**By Wire**      For wire instructions call 800-572-9336

**Other**      \_\_\_\_\_

**PART IV: INVESTMENT SELECTION**

**MINIMUM INITIAL PURCHASE IS \$2,000.**

Name of Investment	Share Class	Allocation
Payden Cash Reserves Money Market Fund (986)	Investor	\$ _____ or _____ %
Payden California Municipal Income Fund (760)	Investor	\$ _____ or _____ %
Payden Core Bond Fund (770)	Adviser	\$ _____ or _____ %
Payden Corporate Bond Fund (767)	Investor	\$ _____ or _____ %
Payden Emerging Markets Bond Fund (771)	Adviser	\$ _____ or _____ %
Payden Emerging Markets Corporate Bond Fund (781)	Adviser	\$ _____ or _____ %
Payden Emerging Markets Local Bond Fund (775)	Adviser	\$ _____ or _____ %
Payden Equity Income Fund (776)	Adviser	\$ _____ or _____ %
Payden Floating Rate Fund (780)	Adviser	\$ _____ or _____ %
Payden Global Fixed Income Fund (966)	Investor	\$ _____ or _____ %
Payden Global Low Duration Fund (977)	Investor	\$ _____ or _____ %
Payden GNMA Fund (772)	Adviser	\$ _____ or _____ %
Payden High Income Fund (773)	Adviser	\$ _____ or _____ %

Payden Limited Maturity Fund (971)	Investor	\$ _____ or _____ %
Payden Low Duration Fund (972)	Investor	\$ _____ or _____ %
Payden Strategic Income Fund (785)	Adviser	\$ _____ or _____ %
Payden U.S. Government Fund (769)	Adviser	\$ _____ or _____ %
<b>TOTAL</b>		<b>\$ _____ or _____ %</b>

**MINIMUM INITIAL PURCHASE IS \$100,000.  
(AN IRA ROLLOVER OR TRANSFER IS REQUIRED FOR ALL FUNDS IN THIS SECTION)**

Name of Investment	Share Class	Allocation
Payden Core Bond Fund (974)	Investor	\$ _____ or _____ %
Payden Emerging Markets Bond Fund (762)	Investor	\$ _____ or _____ %
Payden Emerging Markets Corporate Bond Fund (779)	Investor	\$ _____ or _____ %
Payden Emerging Markets Local Bond Fund (774)	Investor	\$ _____ or _____ %
Payden Equity Income Fund (978)	Investor	\$ _____ or _____ %
Payden Floating Rate Fund (778)	Investor	\$ _____ or _____ %
Payden GNMA Fund (989)	Investor	\$ _____ or _____ %
Payden High Income Fund (964)	Investor	\$ _____ or _____ %
Payden U.S. Government Fund (970)	Investor	\$ _____ or _____ %
Payden Strategic Income Fund (784)	Investor	\$ _____ or _____ %
<b>TOTAL</b>		<b>\$ _____ or _____ %</b>

**PART V: BENEFICIARY DESIGNATION**

IRA Owner (or Inherited IRA Owner) designates beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

**Type:**    Primary                      Contingent                      Share Percentage: \_\_\_\_\_ %                      Relationship to IRA Owner:    spouse    nonspouse  
**Name:** \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Type:**    Primary                      Contingent                      Share Percentage: \_\_\_\_\_ %                      Relationship to IRA Owner:    spouse    nonspouse  
**Name:** \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Type:** Primary Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner: spouse nonspouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**Type:** Primary Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner: spouse nonspouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_ Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

## **PART VI: SPOUSAL CONSENT**

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

### **CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PART VII: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)**

**Automatic investment program** (*The completion of this section is optional*) This option provides an automatic investment into your IRA by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip. Contributions made to your IRA using the automatic investment option will be for the current tax year.

### **Frequency:**

**Choose one\*:** Monthly or Quarterly **Choose one\*:** 5<sup>th</sup> 10<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> or 25<sup>th</sup> Begin date (month/year): \_\_\_\_\_

*\*If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application*

### **Investment Information:**

Fund Name: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

**Bank Account Information** Provide information about your checking or savings account to establish an automatic investment program by ACH.

Please select one of the following:

\_\_\_\_ Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**

\_\_\_\_ Provide information about your bank account below.

**Enter your checking or savings account information:** Account Type: Checking Savings

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

**Telephone Transactions** This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

**PART VIII: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART IX: WITHHOLDING NOTICE AND ELECTION FORM (Form W4P/OMB No. 1545-0074) Department of Treasury, Internal Revenue Service**

Withholding Election is not necessary for Roth accounts

**NOTICE:** The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

**Election:** Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

- I do not want federal income tax withheld from my distribution from this account.
- I want federal income tax of 10% withheld from my distribution from this account.
- I want federal income tax of \_\_\_\_\_% (greater than 10%) withheld from my distribution from this account.

**State Tax Withholding Election**

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum please visit the Fund's website or contact a Shareholder Services representative at the number below. You may change your state

withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

**PART X: ACKNOWLEDGEMENT** *Note: This application will not be processed unless signed below by the IRA Owner (or Inherited IRA Owner.)*

By signing this Application, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. may rely on what I have provided. In addition, I have read and received copies of the Application, the applicable IRS Form, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA transactions I conduct, and I will indemnify and hold the Custodian and its agents harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of IRA Owner (or Inherited IRA Owner or Responsible Party):

X \_\_\_\_\_ Date: \_\_\_\_\_

**Tax Withholding Information**

**Federal Tax Withholding**

You may elect not to have federal withholding apply, or you may elect to increase the rate of withholding. If left blank, IRS regulations require us to withhold federal income tax at a rate of 10% from your total non-Roth IRA distribution, even if you have made non-deductible contributions to your IRA. This may result in excess withholding of your distribution. Federal income tax will not be withheld from a distribution from a Roth IRA unless you elect to have such tax withheld

**State Tax Withholding**

If you are a resident of AR, CA, DC, DE, IA, KS, ME, MA, MI, NE, NC, OK, OR, VT State income tax withholding is mandatory.

**If Federal Income Tax is Withheld:**

State income tax may be automatically withheld from your distribution whenever federal income tax is withheld. CA, DE and NC residents may elect not to have state tax withheld, even when federal tax is withheld, by indicating that you do not want it withheld. State income tax will be withheld according to the rates below, plus any additional dollar amount you may choose to indicate.

Arkansas	3%
California	10% of Federal withholding
Delaware	5%
District of Columbia	8.95%
Iowa	5%
Kansas	5%
Maine	5%
Massachusetts	5.25%
Michigan	4.25%
Nebraska	5%
North Carolina	4%
Oklahoma	5%
Oregon	8%
Vermont	27% of Federal withholding

**If Federal Tax Income is Not Withheld:**

AR, DE, IA, KS, MA, ME, MI, NC, OK, OR, VT-State income tax may be elected in the state tax withholding section, even if you elect not to have federal tax withheld.

CA & VT-If you do not elect to have Federal income tax withheld, the State's minimum withholding rate becomes zero. If you elect not to withhold Federal tax and wish to elect a withholding amount for the State, you must provide a flat dollar amount

Whether or not you elect to have federal, and if applicable, state withholding apply, you are responsible for the full payment of federal income tax, any state or local taxes, and any penalties which may apply to your distribution. You may be responsible for estimated tax payments and may incur penalties if your estimated tax payments are not sufficient. This information should not be construed as tax advice. Please refer to your tax advisor regarding your individual situation.