

SIMPLE IRA - Employer Certification Form

Employers are required to submit this form in order to complete the account opening process for establishing their SIMPLE IRA plan (for SIMPLE IRA plans opened using Form 5304-SIMPLE).

Instructions

1. Complete this form in order for your employees to open a SIMPLE IRA with us under your company's SIMPLE IRA plan.
2. Sign and send us this completed form:

Scan and Email

support@folioinstitutional.com

Fax

703-649-6288

U.S. Mail

Folio Institutional

ATTN: New Accounts Department

8180 Greensboro Drive, 8th Floor

McLean, VA 22102

Important Note

- The custodian of your SIMPLE IRA plan is Kingdom Trust Company.
- Your employees 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.

If you need assistance, call us at **1-888-973-7890**.

Certifications

I, _____, (“Employer”), hereby certifies, represents and warrants to Folio 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 (“SIMPLE” or “Plan”) and will immediately notify us if Employer ceases to be eligible.
2. Employer has adopted a 5304-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 is 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 to, 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 that 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, 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, and 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 INVESTMENTS, INC.

By	Employer	Date (mm/dd/yyyy)
Name/Title	Name	/ /