

IRA ADOPTION AGREEMENT



PARTICIPANT INFORMATION

Name: _____ Account No: _____
 Address: _____
 SSN: _____ Home Phone #: _____ Bus. Phone #: _____
 Birthdate: _____ Year Age 50: _____ Date Age 59 1/2: _____ Year Age 70 1/2: _____

ACCOUNT INFORMATION

Initial Contribution \$ _____ Trustee: **Stock Yards Bank & Trust Co.**
 P.O. Box 32890
 Louisville, KY 40232
 Type of Account: _____
 Regular IRA (including spousal) for tax year _____
 Recharacterization (Complete separate recharacterization form)
 SEP-IRA. Name of Employer: _____
 Rollover/Direct Rollover from an Employer's Plan
 Transfer from another IRA. Transfer received from: _____
 Notice of revocation must be delivered or mailed to:
 Contact Person's Name: **Pam Nalley**
 Address: **P.O. Box 32890, Louisville, KY 40232**
 Phone #: **(502) 582-2571**

BENEFICIARY(IES) DESIGNATION

Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____%
Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____%
Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____%

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).

INVESTMENT OF CONTRIBUTIONS

Retail IRA (Articles IX and X do not apply)
 Self-Directed IRA (Article X does not apply)
 Investment Managed IRA (Article IX does not apply)

CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse: _____ Date: _____
 (Note: Consent of the Participant'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 Participant's Spouse.)

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

SIGNATURES

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 Trust Account offered by the Trustee. 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 the Disclosure Statement with respect to this Individual Retirement Account. I direct that my contribution be invested as indicated above, and I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, 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 Trustee.

Witness: _____ Participant Signature: _____
 Date: _____
 Attest: _____ Authorized Signature of Trustee: _____
 Date: _____

White: SYB

Yellow: Participant