

ACCESSOR  
**ROTH**  
**ROTH IRA CUSTODIAL ACCOUNT APPLICATION & ADOPTION AGREEMENT**  
 ACCESSOR FUNDS, INC. - INVESTOR CLASS SHARES

**ACCOUNT REGISTRATION** *Please print all information.*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
 U.S. Citizen Y / N Alien Resident Y / N If no, country of citizenship \_\_\_\_\_

**TYPE OF IRA**

**Roth IRA** \$ \_\_\_\_\_ contribution for the \_\_\_\_\_ tax year  
 \$ \_\_\_\_\_ contribution for the \_\_\_\_\_ tax year

**ACCOUNT TYPE** (please select one by marking the circle below)

- Direct Transfer of an Existing Roth IRA:** To transfer your existing Roth IRA from another custodian to the Fifth Third Bank. *You must also complete the Roth IRA Transfer Form.*
- 60-Day Rollover:** To fund this Roth IRA within 60 days of a distribution from another custodian.
- Conversion:** Conversion contribution for \_\_\_\_\_ tax year. (You must also complete the Roth IRA Transfer Form).  
 IRA Account Number (provided by Accessor) \_\_\_\_\_

**INVESTMENT INFORMATION AND ALLOCATION**

Select the Fund(s) you would like to invest in by filling in a percentage in the space below. Both minimum and subsequent investments must be an aggregate of \$2,000. Be sure to read the prospectus carefully before you invest or send money.

INVESTOR CLASS FUND CODE/FUND NAME	ALLOCATION %	INVESTOR CLASS FUND CODE/FUND NAME	ALLOCATION %
(AB) Growth	_____ %	(AP) Accessor Aggressive Growth Allocation	_____ %
(AC) Value	_____ %	(AQ) Accessor Growth Allocation	_____ %
(AD) Small to Mid Cap	_____ %	(AR) Accessor Growth & Income Allocation	_____ %
(AE) International Equity	_____ %	(AT) Accessor Balanced Allocation	_____ %
(AM) High Yield Bond	_____ %	(AV) Accessor Income & Growth Allocation	_____ %
(AF) Intermediate Fixed-Income	_____ %	(AX) Accessor Income Allocation	_____ %
(AG) Short-Intermediate Fixed	_____ %		
(AH) Mortgage Securities	_____ %		
(AI) U.S. Government Money	_____ %		

ACCESSOR FUNDS, INC., P.O. Box 1748, SEATTLE, WA 98111-1748  
 TEL: 206 224 7420 FAX: 206 224 4274 WWW.ACCESSOR.COM

**BENEFICIARY DESIGNATION***(please attach a separate sheet if necessary)*

This section is used to name the beneficiaries to receive payment of the value of your IRA account upon your death. When designating beneficiaries, please keep the following things in mind:

- ☞ If more than one beneficiary is named and no percentage is indicated, payment shall be made in equal shares to your primary beneficiary(ies).
- ☞ If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).
- ☞ If no primary beneficiary(ies) survive you, the balance will be distributed among your secondary beneficiary(ies).
- ☞ If no beneficiary(ies) is designated, your beneficiary will be your surviving spouse, or if you do not have a surviving spouse, your estate.

This form becomes effective when received by Accessor and will remain in effect until you deliver to Accessor another form with a later date. To change or revoke your beneficiary designation, contact Accessor for the appropriate form. All forms must be dated and signed by you. **This designation of beneficiary can result in important tax or estate planning consequences. Consult your attorney or tax advisor for additional information and advice.**

**PRIMARY BENEFICIARY(IES)**

NAME AND ADDRESS	SHARE	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP
1. _____ _____	_____ %	_____	_____	_____
2. _____ _____	_____ %	_____	_____	_____

**NOTE:** Total must equal 100%. If no share % is indicated, account balance will be equally divided.

**SECONDARY BENEFICIARY(IES)**

NAME AND ADDRESS	SHARE	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP
1. _____ _____	_____ %	_____	_____	_____
2. _____ _____	_____ %	_____	_____	_____

**NOTE:** Total must equal 100%. If no share % is indicated, account balance will be equally divided.

**SPOUSAL CONSENT**

**For married Shareholders in a community property or marital property state (AZ, CA, ID, LS, NV, NM, TX, WA, WI):**

Check here if you do not have a spouse.

If you have not designated your spouse as sole primary beneficiary, please have your spouse sign below:

*I certify that I am the spouse of the individual named above. I approve and consent to the naming of a beneficiary other than myself. I transfer any community property interest I have in this Roth IRA into the separate property of my spouse.*

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

## FEES AND EXPENSES

Custodian Fee ..... None  
Account Installation Fee ..... None  
Annual Maintenance Charge ..... \$25.00 \*  
Charge for Termination, Rollover, or Transfer of Account to Successor Custodian ..... None

\* This charge is waived for any account that maintains an aggregate balance of \$10,000 or more as of December 31. This charge will be debited from each applicable account during January each year. If the account is debited, the charge will be debited first from the U.S. Government Money Portfolio and in ascending order of risk from the other Funds. Fees may be changed upon 30 days' written notice to you.

### ADDITIONAL CHARGES

You may be charged for reasonable expenses for services not covered by this fee schedule such as wire transfer fees, or check processing charges. There may be other charges associated with the purchase or redemption of shares of a Fund in which your account is invested. Any applicable charges are listed in the current prospectuses of Accessor Funds, please be sure to read the prospectus carefully before you invest.

## DESIGNATION OF AUTHORIZED AGENT & AUTHORIZATION OF PAYMENT OF FEES

When you appoint an Authorized Agent to issue investment directions or issue orders for the purchase or sale of shares in your account and you elect to pay any fees from your account, these fees may be charged to your account. The appointment of an Authorized Agent and your election to pay any fees are made on this form below.

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of Authorized Agent \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of Authorized Agent \_\_\_\_\_

- I elect to have my investment advisory fees paid to the above-referenced Authorized Agent directly from my Roth IRA account. I acknowledge that my Authorized Agent will send a written request to Accessor each time a request for payment of fees is made.

- I do not elect to have my investment advisory fees paid to the above-referenced Authorized Agent directly from my Roth IRA account.

**If no election is made, fees will NOT be paid to the Authorized Agent from the account.**

## PAYMENT INSTRUCTIONS

### BY CHECK

Make check payable to *Accessor Funds, Inc. Roth IRA - The Fifth Third Bank, Custodian F/B/O (your name-Roth IRA, your Accessor Account Number)*

Mail to:      Accessor Funds, Inc.  
                  Attn: Shareholder Services  
                  P.O. Box 1748  
                  Seattle, WA 98111-1748

### BY FED-WIRE

ABA #125000024  
Bank of America  
Seattle, WA 98164  
Credit to Accessor Capital Management LP  
F/B/O Accessor Funds, Inc. Account 68388503  
For further credit to The Fifth Third Bank F/B/O  
(your name and Accessor account number)

**AGREEMENT**

I establish a Roth IRA ("Account") with Accessor Funds, Inc. (The Fifth Third Bank as Custodian). I hereby adopt the Accessor Funds, Inc. Roth IRA Custodial Agreement, appointing The Fifth Third Bank as Custodian. I understand that administrative services will be performed for the Account on behalf of The Fifth Third Bank by Accessor Capital Management LP and that a successor custodian or agent may be appointed in accordance with the terms of this Roth IRA Custodial Agreement.

I acknowledge receipt of the Roth IRA Disclosure Statement and the Roth IRA Custodial Agreement, both of which are incorporated in this Adoption Agreement by reference. I accept and agree to be bound by the terms and conditions contained in the Roth IRA Custodial Agreement and this Adoption Agreement.

I certify the accuracy of the information in this Adoption Agreement and to receiving and reading the current prospectus for the Funds selected and understand that although The Fifth Third Bank is a bank, mutual fund shares are not obligations of or guaranteed by a bank, nor are they insured by the FDIC.

I indemnify The Fifth Third Bank, Accessor Funds, Inc. and Accessor Capital Management LP when making distributions in accordance with my beneficiary designation on file or in accordance with the Roth IRA Custodial Agreement, absent any such designation.

I certify that any rollover or direct contribution herein does not include any employee contributions to any qualified plan; that any assets transferred in kind by me are the same assets received by me in the distribution being rolled over; if the distribution is from a Roth IRA, that no rollover into such Roth IRA has been made within the one-year period immediately preceding this rollover; and that such distribution was received within 60 days of making the rollover to the Account.

I acknowledge that I have been advised to seek advice from my attorney regarding the legal consequences (including but not limited to federal and state tax matters) of entering into this Agreement, contributing to the Account, and ordering The Fifth Third Bank, as Custodian to make distributions from the Account. I acknowledge that The Fifth Third Bank, Accessor Funds, Inc. and Accessor Capital Management LP (and any company associated therewith) are prohibited by law from rendering such advice.

I acknowledge that I have been informed and I agree that the maintenance fee described in this Account Application shall be automatically debited from my Account, if appropriate, in January of each year.

I appoint the organization listed above in Authorized Representatives as my Authorized Agent for this account. My Authorized Agent shall have the authority to issue investment directions or issue orders for the sale or purchase of shares of one or more Funds to Accessor and such authority shall remain in force until terminated in writing by me. *The Authorized Agent(s) has/have executed this Form on the dates indicated and such is/are the genuine signatures of the Authorized Agent(s).*

I certify under penalty of perjury that I am of legal age to enter into this agreement and that the Social Security Number on this form is true, correct and complete.

Signature: \_\_\_\_\_

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

**CUSTODIAN ACCEPTANCE**

The Fifth Third Bank hereby accepts this IRA Application in accordance with the terms of IRS Form 5305-A as supplemented by Article VIII.

The Fifth Third Bank: \_\_\_\_\_

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

**ACCEPTED BY:**

Accessor Capital Management, Agent of The Fifth Third Bank

Signature: \_\_\_\_\_

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