



BROAD FINANCIAL

The Ultimate IRA® Application

Title: _____ Name: First: _____ Middle: _____ Last: _____

Street Address: _____ Suite/Apt. #: _____

City: _____ State: _____ ZIP: _____ County: _____

Check here if your mailing address is different than the above. Attach the mailing address information on a separate sheet of paper.

Email address: _____

Daytime Telephone Number: (_____) _____ Date of Birth: ____/____/____

Referral Source: _____

Total Cost: \$1,395

Payment Options: Charge my credit card for the full amount
 Charge my credit card \$495 and bill the balance to my Ultimate IRA®

*Note: If the balance is not received within 60-days of your receiving the binder, it will automatically be charged to your credit card.

Credit Card Number: _____ Expiration Date: _____

Please provide three choices of names for your Ultimate IRA®'s LLC:

1. _____
2. _____
3. _____

How will you be funding your Self Directed IRA? (Please select all that apply)

From a current IRA From a current 401k, 403b, etc. Indirect Rollover New Contribution
 Other: _____

Approximate amount: \$ _____

Signature: _____ Date: _____

Return Policy - As part of our satisfaction guarantee, you can cancel your Ultimate IRA® by returning your binder to us within 30 days of placing your order and receive a full refund less the LLC filing fee and a \$275 processing fee.

Disclaimer - Broad Financial LLC does not provide legal, tax, or investment advice. Nothing of the foregoing, or of any other written, electronic or oral statement or communication by Broad Financial LLC or its representatives, is intended to be, or may be relied as, legal, tax or investment advice, statements, opinions or predictions. Prior to making any investment decisions, please consult with the appropriate legal, tax, and investment professionals for advice.

Please submit your completed application by fax: 845-352-7575 or email: jgoldblatt@broadfinancial.com

