

# TRADITIONAL/SEP IRA APPLICATION



Use this *TRADITIONAL/SEP IRA Application* to open a *TRADITIONAL/SEP IRA*.

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-253-0412.

**PART I-A: TRADITIONAL/SEP IRA OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)  
(DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA)**

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*		Apartment #	City*	State* Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Date of Death (if applicable)	Daytime Phone*		Evening Phone	

U.S. Citizen  Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence	Province	Foreign Routing/Postal Code
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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 *Traditional/SEP IRA Application*.

Are you an employee of Huntington Bancshares Incorporated ("HBI") or any of its subsidiaries?  Yes  No

Are you an immediate relative of an HBI employee?  Yes  No

If yes, name of employee \_\_\_\_\_



**PART III: INVESTMENT SELECTION**

**Note:** The initial investment minimum is \$1,000 or \$100 for Huntington employees. Trust Shares are available only to fiduciary, advisory, agency and other similar clients of The Huntington National Bank, its affiliates or correspondent banks as well as customers of third party financial institutions. Refer to the prospectus for additional purchase requirements.

<b>FUND CHOICE:</b>	<b>CLASS A SHARES</b>	<b>TRUST SHARES</b>
<input type="checkbox"/> Dividend Capture Fund	_____	_____
<input type="checkbox"/> Global Select Markets Fund	_____	_____
<input type="checkbox"/> Growth Fund	_____	_____
<input type="checkbox"/> Income Equity Fund	_____	_____
<input type="checkbox"/> World Income Fund	_____	_____
<input type="checkbox"/> International Equity Fund	_____	_____
<input type="checkbox"/> Disciplined Equity Fund	_____	_____
<input type="checkbox"/> Macro 100 Fund	_____	_____
<input type="checkbox"/> Mid Corp America Fund	_____	_____
<input type="checkbox"/> Real Strategies Fund	_____	_____
<input type="checkbox"/> Rotating Markets Fund	_____	_____
<input type="checkbox"/> Situs Fund	_____	_____
<input type="checkbox"/> Technical Opportunities Fund	_____	_____
<input type="checkbox"/> Fixed Income Securities Fund	_____	_____
<input type="checkbox"/> Intermediate Government Income Fund	_____	_____
<input type="checkbox"/> Mortgage Securities Fund	_____	_____
<input type="checkbox"/> Ohio Tax-Free Fund	_____	_____
<input type="checkbox"/> Short/Intermediate Fixed Income Securities Fund	_____	_____
<input type="checkbox"/> Tax-Free Money Market Fund	_____	_____
<input type="checkbox"/> Money Market Fund	_____	_____
<input type="checkbox"/> Ohio Municipal Money Market Fund	_____	_____
<input type="checkbox"/> U.S. Treasury Money Market Fund	_____	_____
<input type="checkbox"/> Growth Allocation Fund	_____	_____ N/A _____
<input type="checkbox"/> Conservative Allocation Fund	_____	_____ N/A _____
<input type="checkbox"/> Balanced Allocation Fund	_____	_____ N/A _____
 <b>TOTAL INVESTMENTS:</b>	 \$ _____	 \$ _____

**PART IV: REDUCED SALES CHARGE**

**Rights of Accumulation-** I qualify for the Right of Accumulation privilege based on existing accounts owned by my immediate family (my own, spouse and dependent children under 21). Listed below are the fund and account numbers of the accounts that should be combined with this new account.

**Letter of Intent-** To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and statement of additional information. Although I am not obligated, it is my intention to invest the following amount within the next 13-months:

- \$50,000     \$100,000     \$250,000     \$500,000     \$750,000     \$1,000,000

Listed below are the fund and account numbers for existing accounts to be applied toward the Letter of Intent:

**Note:** If the amount indicated in the Letter of Intent is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the Prospectus for terms and conditions.

Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed the Net Asset Value Form.

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

*The completion of this section is OPTIONAL.*

**Systematic Investment Program (SIP)** –This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH\* (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$50 (\$25 for Huntington employees) minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your IRA using SIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize the Huntington Funds to initiate investments into my mutual fund account according to the following frequency:

- Annually     Semi-Annually     Quarterly     Twice Each Month     Specific Months (specify)

- January     February     March     April     May     June  
 July     August     September     October     November     December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

**Bank Account Information**

Provide information about your checking or savings account to establish a Systematic 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.

**PART V: ACCOUNT SERVICE OPTIONS FOR YOUR IRA-CONTINUED (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)**

Enter your checking or savings account information:

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: \_\_\_\_\_  
 Account Type:  Checking  Savings

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 _____		

**PART VI: BENEFICIARY DESIGNATION**

Traditional/SEP IRA Owner (or Inherited IRA Owner) designate 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 Traditional/SEP 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 Traditional/SEP IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. 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  non-spouse  
 Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_

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

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

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

**PART VI: BENEFICIARY DESIGNATION-CONTINUED**

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.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the IRA Custodian.

**PART VII: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART VIII: PAYMENT METHOD**

You can open your account by either of these methods. Please check your choice:

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

**By Wire**                        For wire instructions call Shareholder Services at 1-800-253-0412.

**Other**                              \_\_\_\_\_

*(Third party checks, counter checks, starter checks, money orders, traveler’s checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.*

**PART IX: SPOUSAL CONSENT**

Complete this section only if you, the Traditional/SEP 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 Traditional/SEP 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: \_\_\_\_\_

Witness:

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

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

By signing this *Traditional/SEP IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *Traditional/SEP IRA Application, IRS Form 5305-A, 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 Traditional IRA transactions I conduct, and I will indemnify and hold the Custodian 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 Traditional/SEP 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 TRADITIONAL/SEP IRA Owner (or Inherited IRA Owner):

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

**PART XI: HOUSEHOLDING**

To reduce the number of duplicate fund documents investors receives in the mail, to lessen paper waste and environmental impact, the Funds or their transfer agent uses "Householding". If two or more members of a household with the same last name own separate accounts in the Huntington Fund family, the Funds or their transfer agent can consolidate mailings to that address by sending one:

- Consolidated Account Statement
- Consolidated Trade Confirmation
- Prospectus
- Annual or Semi-Annual Report

Each account receives a separate proxy card. You may add or remove householding at anytime by calling the funds or their transfer agent at the number listed on the first page of this application. Your account will be updated within 30 days of your call.

Yes, please household.  
If yes, please provide account numbers of accounts to be householded \_\_\_\_\_

No, please do not household.

**FOR INVESTMENT PROFESSIONAL USE ONLY**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Dealer Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Representative's Full Name

\_\_\_\_\_  
Representative's Branch Office Telephone Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Representative Number

**X** \_\_\_\_\_  
Representative's Signature

**X** \_\_\_\_\_  
Supervisor's Signature

**MAILING INSTRUCTIONS**

Please send completed application to:

**Regular Mail Delivery**  
Huntington Funds  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**  
Huntington Funds  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208