



KYLER, KOHLER
OSTERMILLER
& SORENSEN



Client Intake Form

IRA LLC

1. LLC Information:

I Hereby Authorize and Direct KKO lawyers to begin the IRA LLC process

Single member LLC \$1500 + filing fees

There are _____ members of this LLC \$2,500 + filing fees

State in which LLC will transact business:

Additional states LLC will be doing business (aka Foreign state):

Please Provide three company names for this LLC (Option 1 will be used if name is available)

Option 1. Company Name:

Option 2. Company Name:

Option 3. Company Name:

2. Manager(s)

There can be 1 or multiple managers. Add additional members as an attachment to this form.

LLC Manager Name:

Manager SSN:

Date of Birth:

Phone:

Email Address

Mailing Address:

City:

State:

Zip:

LLC Manager Name:

Manager SSN:

Date of Birth:

Phone:

Email Address

Mailing Address:

City:

State:

Zip:

3. Registered Agent

Registered Agent MUST have a physical address in the state this LLC transacts business

Name of Registered Agent:

Registered Agent Mailing Address:

City:

State:

Zip:

KKO lawyers offers a RA service if you do not have a physical in-state mailing address \$125/yr.

4. Payment Information

In order to begin this process, filing charges will immediately apply – once the retirement plans have funds, charges will be refunded back to your card. If you would like to pay by check, please let us know.

Charge My Credit Card

Visa MasterCard Amex Discover

Name on Card:

Credit Card #:

Expiration Date:

Security Code:

Address on Card:

City:

State:

Zip:

5. Member Information:

Please provide the following information on all LLC members

Member Name:		APS Account Number					
Plan Type:	This Member Will Invest: \$	Percentage of Invoice Billed To This Member %					
Member's Name:		APS Account Number					
Plan Type:	This Member Will Invest: \$	Percentage of Invoice Billed To This Member %					
Member's Name:		APS Account Number					
Account Type:	This Member Will Invest: \$	Percentage of Invoice Billed To This Member %					
Member Name:		APS Account Number					
Plan Type:	This Plan Will Invest: \$	Percentage of Invoice Billed To This Member %					
Member's Name:		APS Account Number					
Plan Type:	This Plan will invest: \$	Percentage of Invoice Billed To This Member %					
Member's Name:		APS Account Number					
Account Type:	This Plan will invest: \$	Percentage of Invoice Billed To This Member %					

I have read and approved all of the above information. I understand that my account is self-directed and that the administrator and/or trustee or custodian does not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that I have not requested that my administrator provide, and administrator has not provided, any advice with respect to the information set forth in this LLC referral letter. I understand that neither the administrator nor trustee or custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, or any applicable federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments and documents to ensure compliance with these requirements.

I understand that American Pension Services, Inc. does not receive commissions from this referral nor do they share in the fees associated with the cost of this IRA LLC.

I understand that neither the administrator nor trustee or custodian is a "fiduciary" for my account as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the administrator and trustee or custodian harmless from any claims arising out of this referral, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. I also understand and agree that the administrator and/or trustee or custodian will not be responsible to take any action should there be any default with regard to this investment.

I am directing kko lawyers to create an LLC as specified above. I confirm that the decision to buy this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the administrator and/or the trustee or custodian of my account.

X Signature: _____ **Date:** _____

Please read the disclosure above before signing and dating.

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