



BROAD FINANCIAL

Ultimate IRA® Order Form

Name (Title, First, and Last): _____

Address: _____

City, State & Zip Code: _____

County: _____

Email address: _____

Daytime Telephone Number : _____

Date of Birth: _____

Referral Source: REIA of Cleveland

Total Cost: \$1,495

Payment:

Credit Card: Number: _____ Expiration Date: _____

Check: Routing/ ABA #: _____ Account #: _____

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

1. _____

2. _____

3. _____

Type of funds you will be transferring in (IRA, 401k, SEP IRA, etc.): _____

Current Custodian/ Plan Administrator: _____

Approximate amount of transfer: \$ _____

Signature: _____ Date: _____





BROAD FINANCIAL

Broad Financial Solo 401K[®] Order Form

Name (Title, First, and Last): _____

Address: _____

City, State & Zip Code: _____

County: _____

Email address: _____

Daytime Telephone Number : _____

Date of Birth: _____

Referral Source: **REIA of Cleveland** _____

Total Cost: \$1,495

Payment:

Credit Card: Number: _____ Expiration Date: _____

Check: Routing/ ABA #: _____ Account #: _____

Type of entity that will be adopting the Broad Financial Solo 401K[®] (Sole Proprietorship, LLC, Partnership, S-Corp, C-Corp, LLP, or other): _____

Name of the entity (if it is a business, enter the business name; if it is a sole proprietorship, enter your name): _____

Type of funds you will be transferring in (IRA, 401k, SEP IRA, etc.): _____

Current Custodian/ Plan Administrator: _____

Approximate amount of transfer: \$ _____

Please confirm that you are self-employed without any full-time employees (defined as employees working 1,000 hours or more per year) and that neither you nor your business owns (80% or more of) any other business that has full-time employees.

Signature: _____ Date: _____

