LGIM America

Sections 1, 2, 3, 4 and 6 must be read and completed for all applications. Section 5 is an optional service. Section 7 must be completed by SEI Private Trust Company. If you are a Broker-Dealer, please also complete section 8.

**Please print or type all items except signature.**

# LGIMA Funds — IRA Application

**For Assistance Call: 833-44-LGIMA**

**The USA PATRIOT Act**

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in the rejection of your application.

**Notice for Non-U.S. persons:**

The Funds generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Funds have instructed their transfer agent accordingly. If the Funds do accept such investments, the Funds are expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

**Notice to all shareholders**

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

## GENERAL INFORMATION

Read the Funds' **prospectus** for important information about the Funds and the **IRA Custodial Agreement and Disclosure Statement** for important information regarding IRA investments and retain them for your files.

Please complete the IRA Application and, if applicable, the IRA Asset Transfer/Direct Rollover Request form. ***Make your check payable to the LGIMA Funds.***

**Regular Mail Address:**
LGIMA Funds
P.O. Box 219009
Kansas City, MO 64121-9009

**Express Mail Address:**
LGIMA Funds
c/o DST Systems, Inc.
430 West 7th Street
Kansas City, MO 64105

**For assistance, call the LGIMA Funds at 833-44-LGIMA.**

## 1 SHAREHOLDER REGISTRATION

NAME: FIRST MIDDLE LAST

STREET ADDRESS

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY STATE ZIP

COUNTRY OF CITIZENSHIP

( ) DAYTIME TELEPHONE ( ) EVENING TELEPHONE

SOCIAL SECURITY NUMBER DATE OF BIRTH

E-MAIL ADDRESS

**Receiving Investor Documents**

LGIMA Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the LGIMA Funds. You may revoke your consent at any time by calling the Funds at 833-44-LGIMA. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

❒ I do **not** wish to participate in Householding.

**Documents provided in connection with your Application will be used solely to establish and verify your identity. The Funds will have no obligation with respect to the terms of any such documents.**

## 2 TYPE OF IRA AND INVESTMENT ACCOUNTS

**Please check only one box indicating the type of IRA you are opening.**
If more than one option is required please use multiple applications.

**Traditional IRA**

❒ Contribution for tax year 20 _____ $_____

❒ Transfer Traditional IRA assets from my account at another financial institution* % or $_____

❒ Direct Rollover from a 401(k), Profit Sharing, or Employer-Sponsored Plan* % or $_____

**Roth IRA**

❒ Contribution for tax year 20 _____ $_____

❒ Transfer Roth IRA assets from another financial institution, where my account was started in (year) _____* % or $_____

❒ Direct Rollover from a 401(k), Profit Sharing, or Employer-Sponsored Plan* % or $_____

**Roth IRA Conversion**

❒ Convert my existing ***LGIMA Funds*** Traditional IRA to a Roth IRA
_____
Existing Traditional IRA Account Number

❒ Transfer Roth IRA assets from another financial institution, where my account was started in (year)_____* % or $_____

❒ I elect to have no withholding taken on the conversion of my Traditional IRA to a Roth IRA. **(If this box is not checked, a 10% withholding will be taken for Federal Income Tax. You may wish to consult a tax advisor).**

❒ I elect to increase the withholding amount to _____% (10 -100%) **(not less than 10%)**

**SEP IRA**

❒ Transfer SEP IRA* $_____

**Decedent (Inherited) IRA**

❒ Transfer Decedent IRA** $_____

❒ Transfer Decedent IRA assets from another financial institution, where my account was started in (year)_____***

* *Please complete the IRA Transfer/Direct Rollover Request Form.*

** *Please complete the Beneficiary form for Decedent IRA.*

*** *Please complete the IRA Transfer/Direct Rollover Request form and Beneficiary form for Decedent IRA.*

# 3 INVESTMENT INSTRUCTIONS

- **Enclose your check.** To purchase W Shares of the Fund for the first time, you must invest at least $100 million. To purchase Institutional Shares of the Fund for the first time, you must invest at least $1,000,000. There is no minimum for initial investments in R6 Shares of the Fund. There is no minimum for subsequent investments in any class of shares of the Fund.
- **Make your check payable to: *LGIMA Funds***
- The Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter, counter, or third party checks.

**Legal & General Retirement Income 2040 Fund**

| | |
|---|---|
| W Shares (fund code: 4700) | $ |
| Institutional Shares (fund code: 4701) | $ |
| R6 Shares (fund code: 4702) | $ |
| **TOTAL** | $ |

*Please call 833-44-LGIMA prior to sending a wire.*

| **Wiring Instructions:** | **Reference:** |
|---|---|
| UMB Bank, KC | Fund name |
| ABA # 101000695 | share class |
| LGIMA Funds | account number |
| DDA # 9872013085 | account name |

# 4 BENEFICIARY DESIGNATION

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

If you need more space to list additional beneficiaries, please use a separate sheet to list them using the same format as below.

**Primary Beneficiary**

1. NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

2. NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

**Secondary Beneficiary**

1. NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

2. NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

**Spousal Consent**

*Only applicable if the accountholder named designates a beneficiary other than their spouse and lives in a community or marital property state.*

(This section should be reviewed if either the Trust or the residence of the accountholder is located in a community or marital property state and the accountholder is married and is designating a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor will be liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent).

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby give the accountholder any interest I have in the fund or property deposited in this IRA and consent to the beneficiary designation(s) indicated above.

I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

**X** _____
SIGNATURE OF SPOUSE DATE

**X** _____
SIGNATURE OF WITNESS FOR SPOUSE DATE

## 5 TELEPHONE AUTHORIZATION

I hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges involving the account with corresponding registration unless the below box is checked:

❒ I do **not** authorize telephone exchanges.

## 6 SHAREHOLDER AGREEMENT

(a) I acknowledge that I have received the SEI Private Trust Company IRA Disclosure Statement and the IRA Custodial Agreement. I have read both and I accept and agree to be bound by the terms and conditions of the IRA Custodial Agreement. I have also read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.

(b) I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable.

(c) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. By signing this application, I hereby authorize and appoint SEI Private Trust Company to act as Custodian of my account. I further agree that for any future modifications to be valid they must be received by SEI Private Trust Company.

(d) (For direct investors investing without an adviser or representative): I acknowledge that: (i) I am a direct investor in the Fund(s); (ii) I have made all decisions to transact in shares of the Fund(s) independently and did not receive or rely on an investment recommendation or investment advice from the Fund(s) or the Fund's principal underwriter when transacting in shares of the Fund(s), and (iii) I am not a customer of the Fund's principal underwriter.

(e) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:

- i. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number
- ii. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding OR
  - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
  - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (c) if you have been notified that you are subject to backup withholding).
- iii. I am a U.S. person, resident alien, or a representative of a U.S. entity.

(f) If I am a non-resident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a non-resident alien, I am not under penalty or perjury for certifying to the above information.

**(g) By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**

- **i. the investor is not involved in any money laundering or terrorist financing schemes and the source of this investment is not derived from any unlawful activity; and**
- **ii. the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

**X** _____
SIGNATURE DATE

## 7 CUSTODIAN ACCEPTANCE

The Custodian hereby adopts this SEI Private Trust Company Individual Retirement Custodial Account.

SEI PRIVATE TRUST COMPANY:

**X** _____
BY DATE

_____
TITLE

## 8 DEALER/SERVICE ORGANIZATION USE ONLY

_____
FIRM NAME

_____
FIRM NUMBER

_____
REP NAME

_____
REP NUMBER

_____
BRANCH ADDRESS

( )
_____
BRANCH PHONE NUMBER BRANCH NUMBER

**X** _____
AUTHORIZED SIGNATURE OF DEALER