

FORM I-C

ADOPTION AGREEMENT

I.E. _____ Account _____ - _____

1. PERSONAL INFORMATION (Must Complete)

Full Name of Participant (First, Middle, Last)			Name of Correspondent Broker		
Residence Address (P.O. Box not sufficient)					
City	State	Zip	Marital Status		
Mailing Address (if different from Residence)			Date of Birth		
Attn:					
Address			Soc. Sec. #		
City	State	Zip	Citizenship		

BENEFICIAL OWNERSHIP DISCLOSURE ELECTION

In connection with securities positions held by us for your benefit, Rule 14b-1(c) of the Securities Exchange Act requires us to disclose to an issuer the name, address and securities position of each beneficial owner of such issuer's securities, unless the beneficial owner objects to such disclosure. If you object to the disclosure of such information, check the box below:

Yes, I do object to the disclosure of this information.

2. IRA ACCOUNT TYPE (Check One Only)

TRADITIONAL			ROTH		
<input type="checkbox"/> CONTRIBUTORY IRA ACCOUNT	<input type="checkbox"/> SEP IRA ACCOUNT Attach copy of Simplified Employee Pension "SEP" Agreement.	<input type="checkbox"/> SAR-SEP IRA ACCOUNT Attach copy of Salary Reduction Simplified Employee Pension "SAR-SEP" Agreement.	<input type="checkbox"/> IRA ROLLOVER HOLDING ACCOUNT	<input type="checkbox"/> INHERITED <input type="checkbox"/> Traditional or <input type="checkbox"/> Roth Attach copy of death certificate and previous account statement.	<input type="checkbox"/> ROTH IRA ACCOUNT

3. SOURCE OF INITIAL CONTRIBUTIONS (Check all applicable boxes)

- NEW FUNDS**
\$ _____ for Year _____ \$ _____ for Year _____
- CONVERSION OF ASSETS (Attach copy of Previous Account Statement)**
- Use for conversions of assets from a Traditional IRA to a Roth IRA.
- TRANSFER OF ASSETS (Complete Account Transfer Form)**
- ROLLOVER OF IRA ASSETS (Attach copy of Previous Account Statement)**
- Use for contributions of assets received from another IRA account within the past 60 days.
- ROLLOVER OF QUALIFIED PLAN TRUST ASSETS (Attach copy of Previous Account Statement)**
- Use for contributions of assets directly rolled over from a qualified employee retirement plan.
- Use for contributions of assets received from a qualified employee retirement plan within the past 60 days.

4. BENEFICIARY DESIGNATION (Must Complete)

I hereby designate the following person or persons as primary and contingent Beneficiaries:

A. Primary Beneficiary (ies)

Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits

B. Contingent Beneficiary (ies)

Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits

I elect that at my death the interest in my IRA account under the IRA Plan shall become the property of the primary Beneficiary(ies); if no primary Beneficiary survives, then of the contingent beneficiary(ies); and if no contingent Beneficiary(ies) survives, or if the Custodian cannot locate a designated Beneficiary, then the Custodian shall distribute the amounts payable to my estate. I reserve the right to revoke or change this Beneficiary designation. I understand that such change or revocation must be tendered in writing as specified in the IRA Plan. If no allocation of benefits is made, funds will be divided equally.

SPOUSAL CONSENT. If the Account Holder is married and the Account Holder's spouse is not designated as the sole primary beneficiary, the written consent of the spouse is required.

I hereby consent to the beneficiary designation(s) indicated above and give the Account Holder any interest I have in the funds or property deposited in this IRA. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian.	
_____	_____
(Full Signature of Spouse)	(Date)

5. ADOPTION AND ACCEPTANCE (Subject to acceptance by the Custodian)

This IRA Plan is being made available to the Participant as part of the existing Correspondent Broker Clearing Agreement between the Participant's Correspondent Broker and the clearing agent, Wedbush Morgan Securities, Inc. ("Wedbush"). The clearing agent will provide cashing services, monitor compliance of credit according to applicable rules, regulations and policies; prepare and mail trade notifications and periodic account statements; and provide for the dissemination of proxy, tender offer and other similar shareholders' material. In addition, the clearing agent may provide, upon specific instructions, order execution and/or certificate clearance. **Wedbush, as Custodian and/or clearing agent, will not be involved with nor have responsibility for decisions or instructions regarding transactions in the IRA Holder's account.** The Correspondent Broker shall continue to be responsible for all activities in the IRA Holder's Account. The entry of orders and any instructions regarding the deposit or withdrawal of funds, securities or other property shall be transmitted through the Participant's Correspondent Broker. The Participant shall remain a customer of the Correspondent Broker, and any inquiries or claims the Participant may have from time to time should be directed to the Correspondent Broker.

You acknowledge that in connection with this Agreement that the Clearing Agent and Custodian collect "nonpublic personal information" from the Correspondent Broker; the Clearing Agent, may submit and collect nonpublic and public information to consumer and industry reporting agencies. Upon your written request, the Correspondent Broker will inform you if they have obtained information through these inquiries, and if so, will provide you with the name and address of the consumer and industry reporting agency. The Clearing Agent and Custodian will not sell any information about you and maintains physical and electronic safeguards to protect your nonpublic and public personal information in its possession.

By signing below, you acknowledge that you have read and received a copy for your records of 1) this IRA Adoption Agreement 2) Prototype Plan Agreement 3) IRA Disclosure Statement 4) Retirement Services Fee Schedule and 5) Disclosure Statement-Facts About Your Borrowing Costs and Other Matters. You understand and agree that the "Disclosure Statement-Facts About Your Borrowing Costs and Other Matters" contains a pre-dispute arbitration clause in paragraph 9 which supercedes the arbitration agreement contained in the Prototype Plan Agreement and that such agreement will be binding on you upon you signing below.

Adopted by
Participant: _____ (Signature) _____ (Date)

Parent or Guardian: _____
(If participant is under 18 years of age, parent or guardian must also sign and date above)

Signature Guaranteed and Accepted for Correspondent Broker
by Authorized Person: _____ (Print Name) _____ (Signature) _____ (Date)

FOR CUSTODIAN USE ONLY

For Custodian
By Authorized Person: _____ (Print Name) _____ (Signature) _____ (Date).