

Please enter your information and complete for any dependents you want included on the plan.

| Social Security | Type          | Last Name | First Name | MI | Sex | Date of Birth |
|-----------------|---------------|-----------|------------|----|-----|---------------|
| On file         | Client        |           |            |    | NA  | On file       |
| On file         | Spouse        |           |            |    | NA  | On file       |
|                 | Dependent (A) |           |            |    |     |               |
|                 | Dependent (B) |           |            |    |     |               |
|                 | Dependent (C) |           |            |    |     |               |
|                 | Dependent (D) |           |            |    |     |               |
|                 | Dependent (E) |           |            |    |     |               |

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Annual Rates:**

|                       |            |
|-----------------------|------------|
| Employee Only         | \$ 483.00  |
| Employee + 1 Adult    | \$ 963.00  |
| Employee + Child(ren) | \$ 889.00  |
| Employee + Family     | \$1,548.00 |

Please send completed form and premium check payable to **'RAA Client Association'** to:

Retirement Advisors of America  
13155 Noel Road, Suite 1800  
Dallas, TX 75240

If you want to pay your premium directly from your Retirement Advisors IRA account, please complete the IRA Dental Letter of Instruction (LOI). Please be advised that payment from an IRA account is considered a taxable distribution.

If you want to pay your premium directly from your Retirement Advisors after-tax (custody) account, please complete the after-tax (custody) Dental Letter of Instruction (LOI).

If you choose the Dental LOI payment method you can fax the enrollment form and the LOI to us at 972-233-3188.

As always, please call one of your Relationship Manager Team members at 800-321-9123 with any questions.