Precious Metals New Account Kit

Traditional, Roth, SEP, Simple, HSA

Instruction	าร
STEP 1 Complete Application	☐ Complete your application, sign, date, and review it for accuracy.
STEP 2 Fees	☐ Sign and return the General Fee Disclosure with your application.
STEP 3 Fund account	☐ Rollover/Direct Rollover Certification Form: Complete this form if you take a distribution from your previous IRA custodian. To avoid taxes or penalties, make sure the rollover is done within 60 days from the time you take the distribution.
	 □ Transfer Form: Complete this form to transfer funds from an IRA you have with another custodian. If you would like to transfer funds from more than one IRA, fill out a separate form for each account. Each transfer form must be accompanied with a copy of your current custodian's IRA statement. □ Deposit Coupon: Complete this form to fund your account with a contribution.
STEP 4 Provide copy of ID	 □ Make sure the copy of your non-expired ID is clear and legible. If your signature is on the back of the ID, include a copy of the front and back. □ Compare the signature on your valid ID to the signature on your application to ensure that it matches. □ If the address on your ID is not current, attach a copy of a current utility bill.
STEP 5 Submit forms	☐ Fax or email forms to Entrust for review prior to mailing in the originals.
STEP 6 Invest in Precious Metals	 □ Once your new Entrust account has been funded, you may contact a precious metals dealer to place an order. □ Submit a copy of the invoice from your purchase signed "Read and Approved" with your signature and date.
Optional Documents	Download the optional documents from www.theentrustgroup.com/forms or contact us at 877-545-0544 □ Limited Power of Attorney: Complete this form to allow a designated individual to conduct transactions within your account, with the exception of closing the account or directing distributions and transfers.
	Accounts are established within 24 hours of being received, unless corrections are necessary.
Processing Time	Transfer requests can take 2-4 weeks depending on your previous custodian. To expedite the process, contact your previous custodian and request status of transfer.
	For additional assistance, contact our Precious Metals Service Center: 877-545-0544
Submission	Options — — — — — — — — — — — — — — — — — — —
SUBMIT BY FAX (866) 228-4009	SUBMIT BY EMAIL preciousmetals@theentrustgroup.com 555 12th Street, Suite 900



Oakland, CA 94607



Account Application Traditional, Roth, SEP, SIMPLE, HSA

555 12th Street, Suite 900 Oakland, CA 94607 Phone: (800) 392-9653 Fax: (510) 587-0960

Traditional, Roth, SEP, SIMPLE, HSA

1 Account Owner Information												
☐ MR. ☐ MRS. ☐ MS. ☐ DR. ☐	LEGAL NAME (Last, First, Middle) INTERNAL USE ONLY					INTERNAL USE ONLY						
SOCIAL SECURITY NUMBER												
DATE OF BIRTH O	CCUPATION	I/INDU	STRY	if self-	-employed	state oc	L cupatio	on)			TITLE	
LEGAL ADDRESS (cannot be a P.O. box)	<u> </u>										PHON	E
CITY	OUNTY				STATE		Z	ΖIP			CELL	
MAILING ADDRESS SAME AS ABOVE	= □										FAX	
CITY	OUNTY				STATE		Z	ΖIP			EMAIL	(required)
Check the Appropriate Box to	Indicate	Your	Marit	al S	tatus							
SINGLE		□м	ARRIE	D (Ple	ease see S	Spousal (Conser	nt in	sectio	on 7)	□w	IDOWED OR DIVORCED
Are you considered to be a po	olitically	Ynos	ad ne	are o	n (PFD	12 🏻	VES		1 NO	<u> </u>		
	_	-							I NO	,		
What type(s) of investment(s)						eck all th	at app	oly)				
REAL ESTATE PRIVATE LEN			or uns	ecure	d notes)		PRIV	/AT	E EQ	UITY (i.e. vent	ure capital, PPM, REITs, etc.)
☐ PRECIOUS METALS ☐ CRYPTO	CURRENCY	<u> </u>	SINGL	E-ME	MBER LI	_С П	INTE	ERN	ATIC	DNAL	DISC	C (Domestic International Sales Corporation)
2 Referral Source												
Name of Entrust representativ	ve or Entr	ust o	ffice									
How did you hear about us?												
How did you hear about us?												
□ INTERNET SEARCH □ ENTRUST EMAIL □ PUBLIC EVENT BOARD □ SOCIAL MEDIA □ PRESS RELEASE □ OTHER:												
□ CLIENT REFERRAL (enter name)												
□ BUSINESS ASSOCIATE REFERRAL (enter name) □ CODE:					□ CODE:							
2 Nov. Account Information												
New Account Information												
Choose the type of account y	ou wish t	о оре	n									
☐ TRADITIONAL IRA			•		tach page	1 of the E	Entrust	t SEI	P IRA			SAVINGS ACCOUNT (Please attach the last
□ ROTH IRA	Agreement and Disclosure			,	- 11		41		page Disclo		trust Health Savings Account Agreement and	
☐ BENEFICIARY IRA (Account title: your				•		th the last page of the and Disclosure)			Choo	se Cove	erage:	
Bene FBO Deceased Name) EMPLOYER NAME:			,			Self-Or	nly Coverage					



The amount above represents what percentage of your retirement portfolio?

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4 Account Notific	4 Account Notifications and Options						
	•						
Would you like to have online acces	s to your statements?	Would you like to receive email notifications of changes to your account?					
☐ Yes (Account statements will be mailed	annually)	□ Yes					
□ No		□ No	□ No				
5 Funding Inform	ation						
How will you be funding your account?							
☐ ANNUAL CONTRIBUTION	☐ TRANSFER	□ ROLLOVER	☐ DIRECT ROLLOVER				
\$	Transfer from an existing IRA or	Take receipt of the assets for up to 60	Rollover from Employer Sponsored				
	Employer Sponsored Plan.	days before reinvesting in a new	Plan.				
Year:	\$	retirement plan. \$	\$				

Beneficiary Information (If needed, please use a Beneficiary Form to add more beneficiaries.)

100%

□ 75%

□ 50%

☐ 25% or less

I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate.

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust

1. ☐ PRIMARY ☐ CONTINGENT				
NAME		SOCIAL SECURITY NUMBER		
ADDRESS	CITY, STATE, ZIP		RELATIONSHIP	
DATE OF BIRTH		SHARE		
			%	
2. ☐ PRIMARY ☐ CONTINGENT				
NAME		SOCIAL SECURITY NUMBER		
ADDRESS	CITY, STATE, ZIP		RELATIONSHIP	
DATE OF BIRTH		SHARE		
			%	
3. ☐ PRIMARY ☐ CONTINGENT				
NAME		SOCIAL SECURITY NUMBER		
ADDRESS	CITY, STATE, ZIP		RELATIONSHIP	
DATE OF BIRTH	•	SHARE		
			%	

6



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7

Spousal Consent (only required if your spouse is not the primary beneficiary)

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(0)	

Appointment of Custodian, Investment Direction and Important Disclosures

Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment. I appoint The Entrust Trust Company, as the Custodian of my Account ("Custodian"), and understand that the Custodial Account Agreement and my Application comprise my agreement with the Administrator" (*defined in section 9). The Administrator may change custodians to any institution permitted by law or by the undersigned. Written direction shall be construed so as to include facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information. I acknowledge that I have received a copy of the Plan Agreement, Disclosure Statement and appropriate Financial/Fee Disclosures. I understand that the terms and conditions, which apply to this Account, and are contained in these documents. I agree to be bound by those terms and conditions. If this is an IRA, I understand that within seven (7) days from the date that I submit this paperwork to the Administrator, I may revoke it without penalty by mailing or delivering a written notice to the Administrator.

Responsibility for Tax Consequences. I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my Account. I am authorized and of legal age to establish this Account and make investment purchases permitted under the Plan Agreement offered by the Custodian. I assume complete responsibility for: 1) Determining that I am eligible for an Account transaction that I direct the custodian to make on my behalf; 2) Insuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including rollover contributions and distributions).

I certify under penalties of perjury:

1) that I have provided you with my correct Social Security or Tax I.D. Number; and 2) that I am not subject to backup withholding because: a) I am exempt from backup withholding; or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so, or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until such time as I change or revoke the designation, I hereby instruct the Custodian to follow the investment directions which I provide to Administrator in investing and reinvesting the principal and interest, as confirmed by direction letters to Administrator from the undersigned, for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party, Administrator, or by the undersigned. Written direction shall be construed so as to include facsimile signature.

The account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization Custodian and Administrator may act solely on the written instruction, designation or representation of the Account holder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims. arising out of my account and/or in connection with any action taken in reliance upon my written instructions, designations and representations, or in the exercise of any right. power or duty of Custodian and/or Administrator, its agents or assigns. Custodian and/or Administrator may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision. Custodian and/or Administrator have no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income.

I understand that it is my responsibility to review any investments to ensure the investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws. This includes but is not limited to investments that engage in Marijuana-related business (MRB) activities. The Entrust Group does not allow investments in MRB activities to be held in any of the retirement plans they offer. I acknowledge that any MRB assets found in my Account may be transferred to another custodian within 10 calendar days. Entrust will distribute the assets after 10 calendar days which may incur taxes, penalties and additional fees.

In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian is named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be any default with regard to this investment. I understand that no one at the Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of the Administrator's and/or Custodian's policy. For purposes of this disclosure, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, affiliates and/or business associates.



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8

Appointment of Custodian, Investment Direction and Important Disclosures

In executing transfers, it is understood and agreed that I will not hold Custodian and/or Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor Custodian and Administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian or Administrator.

If any provision of this Application is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Important Information for Opening a New Account. To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government- issued identification (e.g., driver license or passport). The copy must be readable so we can verify the client's name, driver's license number. etc.

Our Privacy Policy. You have chosen to do business with the Custodian and Administrator named on this application. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect. We collect non-public personal information about you from the following sources to conduct business with you:

- · Information we receive from you on applications or other forms;
- · Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share. We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian and administrator have agreed to the custodian and administrator's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security. We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Administrator reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address and or telephone number listed on this application.



Account Owner Signature and Acknowledgement

I acknowledge receipt of a Fee Disclosure and receipt of the Account Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. I understand that failure to submit a signed Fee Disclosure will result in fees "based on value of assets" (See "Fee Disclosures.").

The Custodian has delegated certain Custodial Account recordkeeping and administrative functions to The Entrust Group, Inc., a Tennessee Corporation, as the Administrator of your self-directed retirement account.

I understand that I may change or add beneficiaries at any time by completing and delivering the Beneficiary Form to the Administrator.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I acknowledge I have read the fee disclosure, the account agreement and account disclosure statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. If you would like to give permission to another individual to access your account information (such as your spouse or other individual), you will need to complete the Limited Power of Attorney form or Interested Party Designation form. PLEASE PRINT, SIGN AND SUBMIT THIS FORM TO YOUR ENTRUST OFFICE.

SIGNATURE:	DATE:



General Fee Disclosure Traditional, Roth, SEP, SIMPLE, ESA, and HSA

555 12th Street, Suite 900 Oakland, CA 94607

Phone: (800) 392-9653 Fax: (510) 587-0960

	1	Account Owner Information	on
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NAME (as it appears on your account application)	ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		DAYTIME PHONE NUMBER

Account Establishment Fee 2

\$50 One-time account establishment fee, per account

Annual Recordkeeping Fee (billed quarterly)

	Total Asset Value under \$50,000 (excluding cash)	Total Asset Value of \$50,000 or more* (excluding cash)
A single asset	\$199 annually	\$199 annually + 0.15% of the total asset value over \$50,000* (excl. cash)
Two or more assets	\$299 annually	\$299 annually + 0.15% of the total asset value over \$50,000* (excl. cash)

^{*}The uninvested cash in your account is not charged a 0.15% fee, regardless of the amount of cash held in there. The 0.15% fee is assessed solely on the total asset value above \$50,000. For example, an account with two assets of a total value of \$150,000 and \$12,000 cash would pay a fee of \$299 + 0.15% of \$100,000 (\$150), or a total of \$449 annually.

There is a cap on recordkeeping fees of \$2,299 per year.

Purchase and Sale of Asset Fees (one-time fees)

Purchase, sale, exchange or additional funding, per asset (excluding real estate, precious metals and/or crowdfunding with selected companies)	\$95
Purchase, sale, or exchange of real estate (includes earnest money deposit if applicable)	\$175
Purchase, sale, or exchange of real estate with non-recourse loan (includes earnest money deposit if applicable)	\$250
Purchase, sale, or exchange of precious metals (precious metals depository fees, such as storage and shipping, may apply and will be charged to your account)	\$0
Purchase, sale, or exchange of crowdfunding (only if investing with the following companies: WeFunder, SharesPost, Realty Mogul, Funders Club, EquityZen, and CrowdStreet)	\$0

FORM CONTINUES ON PAGE 2



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E Transaction Food			_		
5 Transaction Fees					
ACH transfers, incoming and outgoing					\$0
Checks (includes all check requests)					\$10/check
Wire transfers, per item, incoming and outgoing					\$30
Overnight delivery via, FedEx, UPS, USPS, etc.					\$30
Cashier's or other official bank check					\$30
Returned items of any kind and stop payments, per ite	em				\$30
Re-registration of assets plus expenses of transfer ag	ents (if applicable)				\$100
Research of closed assets or accounts, legal research	n, or special handling of tra	ansactions			\$150/hour
Rush fees for expedited transaction processing or ser	vices within the same or n	ext day			\$150
Account termination processing fee					\$250
6 Pay Entrust Fees					
Account Establishment Fee (non-refundable) - Pay by:	☐ CREDIT CARD	CHECK - MADE PA	YABLE TO	ENTRUST	
Annual Recordkeeping Fee (payable quarterly) - Pay by:	CREDIT CARD	**DEBIT ENTRUST	ACCOUNT		
Purchase & Sale of Asset Fees - Pay by:	CREDIT CARD	☐ **DEBIT ENTRUST	ACCOUNT		
Transaction Fees - Pay by:	CREDIT CARD	☐ **DEBIT ENTRUST	ACCOUNT		
Termination Fee - Pay by:	CREDIT CARD	☐ **DEBIT ENTRUST	ACCOUNT		
** If no preference indicated, fees will be debited from your Er	ntrust account.				
7 Credit Card Information					
PAY WITH CARD ON FILE	LAST 4 DIGITS OF CA	ARD			
NEW CARD (select one):	MASTER CARD	☐ AMERICAN EXPRESS		ISCOVER	
NAME AS IT APPEARS ON CARD	CARD NUMBER			SECURITY CODE	
EXPIRATION DATE	BILLING ADDRESS				
CITY, STATE, ZIP CODE					
By signing below, you authorize Entrust to charge your credit card for the fees associated with this transaction. Your request will be processed upon receipt of this form. You					
understand that inaccurate or incomplete credit card information					. 10u
SIGNATURE			ATE		



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8

Disclosure

Annual Recordkeeping Fees: Annual recordkeeping fees are charged for all or any portion of each year during which the account is in existence. If you terminate your account during a year, you will still owe the annual fee for that entire year. These fees are charged on the basis of the year beginning on the date when your account is established, and each anniversary of that date. Annual recordkeeping fees are not pro-rated when an account is closed. Annual Recordkeeping fees apply to beneficiary accounts established upon the death of the original IRA holder.

Accounts Holding Precious Metal: Depository and/or shipping fees associated with accounts holding precious metals will be charged to your account at their actual costs and without markup by Entrust Administration, Inc. ("Entrust" and/or "The Entrust Group").***

<u>Custodial Fee</u>: We receive a fee equal to the income generated by deposit accounts into which your undirected cash, if any, is placed. The custodian of your account is entitled to this fee under Section 8.06 of your IRA Custodial Account Agreement if you have a Traditional or SEP IRA (Section 9.06 if you have a Roth IRA; Section 8.10 if you have a SIMPLE; Section 10.06 if you have a ESA; Section 11.06 if you have a HSA), and has assigned this fee to us for services relating to the investment of undirected cash.

Termination Fee: If you terminate your account, you agree to pay a termination fee of \$250, plus any applicable transaction fees for each asset that is sold. A transfer of assets from your account to a third party is considered a termination for the purposes of the imposition of this fee. A lump sum distribution of all account assets, including cash, is considered a termination for the purposes of the imposition of this fee. Account conversions, such as Traditional to Roth, as well as single account closures where one or more additional accounts remain open with Entrust, will not be charged a termination fee. Beneficiary accounts established upon the death of the original IRA holder will not be charged a termination fee as a result of the closure of the deceased's account, but will be charged a termination fee upon the closure of their beneficiary account. Required Minimum Distributions and distributions due to disability or death are not considered terminations and are not subject to the termination fee.

Collection of Fees and Charges: All fees and charges, as described above, are charged in advance or in connection with the applicable services and events and are at no time refundable. We generally bill and collect recordkeeping fees quarterly, based on your account establishment date. These fees are normally withdrawn from your undirected cash funds balance approximately 20 days after the invoice date, unless they have been actually paid directly by you.

Late Payment Fee: Fees for late payments may be applied at the rate of the lesser of 1.5% per month (18% annum) or the maximum allowable under applicable law. If there is insufficient undirected cash in your account, we may, solely at our discretion, liquidate other assets to pay for such fees and charges, after giving you 30 days' notice of our intention to

Entrust shall have no liability for any adverse tax or other financial consequences as a result of applying account cash and liquidating other account assets to cover fees and charges. Entrust reserves the right to sell any past due receivables to a collection and credit reporting agency.

In accordance with your Account Application, this Fee Schedule is part of your Account Agreement and must accompany your Application.

*** I agree that Entrust is not and cannot be held responsible for the actions or inactions of these depositories and I hereby release and hold harmless The Entrust Group from any damages that I may incur with respect to my choice of depository.

PRINT NAME:	
SIGNATURE:	DATE: