



Self Directed IRA

SERVICES INC

A subsidiary of Horizon Bank

(For Internal Use Only)
IRA Account Number _____

SELF DIRECTED IRA Custodial Account Application

Traditional • Roth • SEP

For regular mail:
PO Box 23149
Waco, TX 76702

Phone:
866.928.9394
512.637.5739

Fax:
512.495.9554

Website:
www.SDIRAServices.com
Email:
NewAccounts@sdiraservices.com

1 Tell us who you are.

Mr. Mrs. Ms. Full Name
First Middle Last

Street Address (Required)

City State Zip

Mailing Address (If different from Street Address)

City State Zip

Social Security Number Date of Birth / /

Home Phone Work Phone

Email Address

Driver's License # State Issued Expiration Date / /



If you do not have a valid state-issued driver's license, you must provide a legible photocopy of a valid government-issued photo ID.

Please let us know how you heard about us.

- Internet Search Friend or Financial Professional _____ Conference/Trade Show _____
 News Article or Press Release Advertisement in _____ Other _____

2 Choose the right IRA, funding and account options for you.

► Type of IRA: (Must select one) Traditional Roth SEP _____ Check if account is a Beneficiary IRA and complete section below.

| | |
|--|---|
| Deceased Owner's Name <input type="text"/> | Deceased Owner's Date of Birth <input type="text"/> |
| Deceased Owner's Social Security Number <input type="text"/> | Deceased Owner's Date of Death <input type="text"/> |

► Funding of this IRA will initially come from: (Must select one)

- Transfer from an existing IRA → Complete the **IRA Transfer Request** form and attach copy of recent statement.
- Rollover from another IRA: ___ Traditional ___ Roth ___ SEP ___ SIMPLE → Complete the **Deposit Coupon** form to certify the rollover.
- Rollover from a previous employer's qualified retirement plan → Complete the **Deposit Coupon** to certify the rollover. Then contact the plan administrator to obtain the forms it requires for rollover.
- Recharacterization or Roth Conversion → Complete the **Recharacterization Request** form or **Roth Conversion Request** form.
- Annual Contribution of \$ _____ → Specify type: ___ Regular IRA for: ___ Current tax year ___ Prior tax year*
* If made between January 1 and the April tax filing deadline.
___ SEP (SEP contributions will be reported for tax year in which received.)

► Online Access and Statement Options:

- Online Access and Online Statements.** Check if you wish to have online access to your account and online quarterly statements.
- Paper Statements Mailed to You.** Check if you want to receive paper statements quarterly. The annual Paper Statement fee will apply.

► Fee Schedule: Refer to the **IRA Fee Schedule** and select the one according to the type of investment(s) you plan to purchase, transfer or rollover. If no selection is made, the Flex IRA fee schedule, at the highest account value, will be the default.

- Precious Metals IRA** **Basic IRA** **Flex IRA** Must specify the initial account value:
 ___ \$0-\$100,000 ___ \$100,001 or over ___ \$0-\$100,000 ___ \$100,001-\$200,000 ___ \$200,001 or over

► Fee Payment Options: Note: Any unpaid IRA fees will be deducted from the cash balance prior to processing any transaction, which may result in a lesser amount available for a transaction. To avoid this, include payment for all applicable fees with this Application.

- First Year IRA Fees:** Check enclosed Deduct from initial funds indicated above Bill my credit card
 Must complete and submit the *Credit Card Charge Form*.
- Annual IRA Fees:** Invoice me annually Deduct from my account annually (Must have sufficient cash balance available.)

3 Designate your IRA beneficiaries.

The following individual(s) or entity(ies) shall be my primary and or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If no primary or contingent beneficiary(ies) survive me, the remaining balance in my account shall be payable to my legal spouse, or if none, my estate.

| Beneficiary Type, Name and Address | Date of Birth (mm/dd/yyyy) | Social Security Number | Relationship | Share % Must total 100% |
|--|-------------------------------|------------------------|--------------|----------------------------|
| <p>1. <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country: ___ USA ___ Other _____</p> <p>___ Check if address same as Accountholder</p> | | | | % |
| <p>2. <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country: ___ USA ___ Other _____</p> <p>___ Check if address same as Accountholder</p> | | | | % |
| <p>3. <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country: ___ USA ___ Other _____</p> <p>___ Check if address same as Accountholder</p> | | | | % |
| <p>4. <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country: ___ USA ___ Other _____</p> <p>___ Check if address same as Accountholder</p> | | | | % |

Spousal Consent:

This section should be reviewed if either the trust or the residence of the IRA Accountholder is located in a community or marital property state and the IRA Accountholder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

- I am not married.** I understand that if I become married in the future, I must complete a new Designation Of Beneficiary form.
- I am married.** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the following consent.

I am the spouse of the above-named IRA Accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA Accountholder any interest I have in the funds 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 Self Directed IRA Services, Inc.

Signature of Spouse

Date

Signature of Witness

Date

4 Designate a Representative or name an Interested Party if you want.

You may choose to designate a Representative and/or name an Interested Party on your Account by completing this section. By designating a Representative ("Representative" or "Rep"), you are appointing the Representative to act as your agent with regard to directives of your Account. Your Representative is not in any way an agent, employee or representative of SDIRA Services.

I do not wish to designate a Representative at this time.

I wish to designate the Representative shown below.

Designate a Representative:

I wish to designate the following person or firm as my Representative (or "Rep") on my Account according to Article 9.3 of the IRA Custodial Agreement.

Your Representative may be your financial professional, broker, or other person or firm you choose. However, it may not be: (1) Self Directed IRA Services, Inc. or (2) the sponsor of or otherwise affiliated with an investment in your Account.

By designating a Representative on your Account, you give the Representative the power to:

- Authorize instructions and investment directions on your behalf to SDIRA Services.
- Receive copies of any and all correspondence related to your SDIRA Services account, including but not limited to, your account statements.
- Have unlimited access to information regarding your SDIRA Services account.

I understand I may change or remove my Representative designation at any time by completing SDIRA Services *Account Representative Designation* form.

Rep Name **Mark Davis** Rep # (if applicable)

Firm Name **Monetary Gold**

Rep Address **21800 Oxnard St. Suite 1120**

Rep City **Woodland Hills** State **CA** Zip **91367**

Rep Phone **888-411-4653** Rep Fax **818-462-8053**

Rep Email **iradept@monetarygold.com**

I do not wish to name an Interested Party at this time.

I wish to name the Interested Party shown below.

Name an Interested Party:

I wish to name the following person or firm as an Interested Party (or "IP") on my Account according to the following terms.

Your Interested Party may be any individual or firm that you choose. However, it may not be Self Directed IRA Services, Inc.

By naming an Interested Party on your Account, you give the Interested Party authorization to:

- Receive any information on your Account, and
- Receive periodic statements of your Account.

I understand I may change or remove my Interested Party designation at any time by completing SDIRA Services *Interested Party Designation* form.

IP Name

Firm Name

IP Address

IP City _____ State _____ Zip _____

IP Phone _____ IP Fax _____

IP Email

5 Read this IRA Accountholder Agreement and sign at the end of this section.

Important: Please read this entire section carefully before signing. We must have a signature to open the account. This Agreement contains important disclosures about your duties and responsibilities with regard to opening a Self Directed Individual Retirement Account ("Account") with Self Directed IRA Services, Inc. ("SDIRA Services") as your custodian. By signing below, you certify that you understand and agree to all terms and provisions shown in the Agreement below, including the terms of the attached IRA Custodial Agreement (the "Custodial Agreement"), Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule. In directing this action, you make the following representations, certifications and agreements:

1. **Appointment of Custodian, Receipt of Custodial Account Agreement and Right to Revoke:** I appoint SDIRA Services as custodian of my Account. I acknowledge that I have received and read the Custodial Agreement, Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule on the date shown below, and I agree to be bound by the terms and conditions contained in these documents. I understand that within seven (7) days from the date that I open my Account, I may revoke this application and close my Account without a penalty by mailing or delivering a written notice to SDIRA Services.

2. **Eligibility to Establish IRA:** I represent and certify that I meet the requirements set forth in Section 408 of the Internal Revenue Code ("the Code") and by the Internal Revenue Service and/or Department of Treasury to establish an individual retirement account ("IRA") and represent and certify that I am eligible to establish an IRA. Furthermore, I agree that it is not the responsibility of *SDIRA Services* to advise me as to the legality, validity or the tax implications of any contribution or transaction in my account.
3. **Sole Responsibility for Investments:** I understand and agree that my Account is self directed, which means that I am solely responsible for the management of the assets placed within my Account, including the selection, monitoring, and retention of all investments held within my Account. I understand and agree that *SDIRA Services* (i) is in no way responsible for providing investment advice or recommendations, as to my Account, (ii) is not a "fiduciary" for my Account as such term is defined in the Code, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), by the Texas Department of Savings and Mortgage Lending or under any other applicable federal, state or local laws. Furthermore, *SDIRA Services* has no responsibility to question any investment direction given by me or my Designated Representative, if I have appointed one, regardless of the nature of the investment. I understand that *SDIRA Services* is in no way responsible for the performance of any investment(s) held within my Account.
4. **No Due Diligence Review Conducted by Custodian:** I understand and agree that that *SDIRA Services* does not conduct any due diligence review of any investment, nor will *SDIRA Services* make any investigation with regards to any investment, any issuer or sponsor of any investment, or any officer, director, or other person or entity involved or affiliated with any investment. I understand and agree that *SDIRA Services* will not review or evaluate the prudence, viability, suitability, legality, or merits of any investment held in my Account. I understand that *SDIRA Services* permits my Account to invest in a wide variety of investments based on administrative factors only. I acknowledge that *SDIRA Services* does not sponsor or endorse any investment product other than the FDIC-insured NOW account where any uninvested funds are held.
5. **Investments Not Guaranteed or Insured and May Lose Value:** I understand and agree that investments held within my Account are not guaranteed by *SDIRA Services* and that my investments are subject to investment risk, including the possible loss of the principal invested, and that my investments may lose value. I understand and agree that, except to the extent of the cash which is invested in the *SDIRA Services* Custodial Account (which are held at Horizon Bank and/or other Federally insured banks, and are FDIC insured), or directed into other FDIC insured bank products, the investments within my Account are not FDIC-insured, nor are any investments guaranteed by *SDIRA Services* or Horizon Bank, and that such investments may lose value.
6. **IRA Fees and Payment Policy:** I acknowledge that I have received, reviewed, and approved the IRA Fee Schedule included with this IRA Application as well as Article XIV of the Custodial Account Agreement, and I agree and consent to timely pay all fees provided therein within 30 days of receiving notice of such fee. Certain custodial fees may be paid for a limited time under a special fee arrangement with an investment issuer or related service company if an Account purchases a qualifying investment. If at any time the investment issuer or related service company elects to discontinue the fee arrangement, I understand that I will become responsible for payment of all fees associated with my Account.
7. **Indemnification and Hold Harmless:** I agree to indemnify *SDIRA Services* and their respective principals, officers, directors, shareholders, partners, members, employees, consultants, affiliates and agents, including any legal representatives or controlling persons of any such person (each, an "Indemnified Party"), and to hold each harmless from and against any losses, claims, settlement costs, injury, breach of laws, damages, liabilities, charges, taxes, penalties, or other expenses, including reasonable attorneys' fees, due to or arising out of (i) a breach of any representation, warranty, acknowledgement, certification or agreement contained in this Agreement or in any other document in connection with my establishment and management of my Account, (ii) the execution by *SDIRA Services* of any direction provided by me with respect to my Account, (iii) any action or inaction by an Indemnified Party with respect to my Account that, although not pursuant to my specific direction, is otherwise contemplated under the terms of this Agreement or the Custodial Account Agreement (iv) any investment whatsoever made with respect to my Account, and (v) any tax consequences relating to my Account, including, without limitation, the tax and withholding requirements on any distributions from my Account.
8. **Dispute Resolution:** I agree to meet and confer in good faith with *SDIRA Services* to resolve any problems or disputes that may arise under this Agreement, the Custodial Account Agreement, or any other dispute related to my Account with *SDIRA Services*. Otherwise, I acknowledge and consent to the dispute resolution provisions outlined in Article 17.5 of the Custodial Account Agreement.
9. **IMPORTANT USA PATRIOT ACT INFORMATION:** 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: You must provide us with your name, residential address, social security number, date of birth and either driver's license information or a photocopy of a valid state or government-issued photo identification before we will accept and open your account.

ALL SECTIONS OF THIS APPLICATION SHOULD BE COMPLETED TO AVOID PROCESSING DELAYS.

Agreed and accepted by applicant,

**Must Sign and
Date Here**

Accountholder Signature

Date

Accountholder's Printed Name

THIS SECTION IS TO BE COMPLETED ONLY BY IRA CUSTODIAN.

Accepted by Self Directed IRA Services, Inc.,

Authorized Signature of Self Directed IRA Services, Inc.

Date

INVESTMENT PRODUCTS: NOT FDIC-INSURED • NO BANK GUARANTEE • MAY LOSE VALUE



Send completed forms to:

For regular mail:
PO Box 23149
Waco, TX 76702

For overnight delivery:
7901 Woodway Drive, Suite 200
Waco, TX 76712

Phone:
866.928.9394
512.637.5739

Fax:
512.495.9554

Email:
Operations@sdiraservices.com

Website:
www.SDIRAServices.com

1

Provide information about the account from which you wish to transfer or rollover.

| ACCOUNT FROM WHICH YOU WISH TO TRANSFER/ ROLLOVER: | ACCOUNT TO RECEIVE YOUR TRANSFER/DIRECT ROLLOVER: |
|---|--|
| Account Number with Present Custodian or Plan Administrator <input type="text"/> | Your Name <input type="text"/> |
| Must select one: I elect a Direct Transfer of my: <input type="radio"/> Traditional IRA <input type="radio"/> SEP IRA <input type="radio"/> Roth IRA <input type="radio"/> SIMPLE IRA | Your Social Security Number <input type="text"/> |
| I elect a Direct Rollover of my: <input type="radio"/> 401(k), 403(b), 457(b) or other eligible Qualified Retirement Plan | Account Number with SDIRA Services <input type="text"/> |
| Note: You may <u>initiate</u> a Direct Rollover from a 401(k) or other eligible Qualified Retirement Plan using this form. However, your Plan Administrator will require you complete its plan distribution forms packet before processing. | Your Daytime Phone Number <input type="text"/> |
| Name as it appears on the Account <input type="text"/> | Your Email Address <input type="text"/> |
| Name of Custodian or Plan Administrator <input type="text"/> | Type of Account <input type="radio"/> Traditional IRA <input type="radio"/> SEP IRA <input type="radio"/> Roth IRA <input type="radio"/> SIMPLE IRA |
| Custodian's/Administrator's Physical Delivery Address <input type="text"/> | Check if this Transfer/Direct Rollover is: <input type="radio"/> Transfer/Direct Rollover of an IRA or eligible Qualified Retirement Plan for which you are the Spouse Beneficiary <input type="radio"/> Transfer/Direct Rollover of an Inherited IRA or eligible Qualified Retirement Plan <input type="radio"/> Transfer/Direct Rollover Due to Divorce |
| City <input type="text"/> State <input type="text"/> Zip <input type="text"/> | |
| Phone Number for Custodian/Administrator <input type="text"/> | |

2

Give instructions for how this transfer or direct rollover is to be processed.

Complete Transfer/Rollover:

Transfer or rollover all assets as indicated below, including any cash balance, and close my account. *If requesting a complete transfer, please complete the below grid accordingly.*

Partial Transfer/Rollover:

Transfer or rollover only what is indicated below and keep my account open.

- Cash: ___ All cash available ___ Exactly \$ _____
- Please liquidate or re-register only the asset(s) indicated below.

| Liquidate | Re-Register | Asset Description | # of Shares | Approximate Value |
|-----------------------|-----------------------|-------------------|-------------|-------------------|
| <input type="radio"/> | <input type="radio"/> | | | \$ |
| <input type="radio"/> | <input type="radio"/> | | | \$ |
| <input type="radio"/> | <input type="radio"/> | | | \$ |
| <input type="radio"/> | <input type="radio"/> | | | \$ |
| <input type="radio"/> | <input type="radio"/> | | | \$ |

★★ Attach a copy of your most recent account statement with your Present Custodian or Plan Administrator to this form. ★★

● **Deduct any necessary fees and deliver this transfer/direct rollover as indicated below:**

| | |
|--|--|
| <input type="radio"/> Send Check by U.S. Mail <input type="radio"/> Send Check for Overnight Delivery | Make check payable as shown below: <i>(All checks should be mailed to the addresses below.)</i> Self Directed IRA Services, Inc., Custodian FBO _____ IRA # _____ <u>U.S. Mail Address:</u> _____ <u>Overnight Delivery Address:</u> _____ PO Box 849 600 Congress Avenue, Suite 500 Austin, TX 78767 Austin, TX 78701 |
| <input type="radio"/> Wire Funds | Wiring Instructions: Horizon Bank 600 Congress Avenue Austin, TX 78701 ABA: 111907940 Account Name: SDIRA Services Custodial Account Account Number: 4515532 FCT: Accountholder Name _____ IRA Account # _____ |

● **For any assets that are to be reregistered, send the necessary asset reregistration/assignment forms as indicated below:**

| | |
|--|---|
| <input type="radio"/> Send by U.S. Mail <input type="radio"/> Send by Overnight Delivery <input type="radio"/> Send by _____ | Assets should be reregistered as shown below. Self Directed IRA Services, Inc., Custodian FBO _____ IRA # _____ 7901 Woodway Drive, Suite 200 Waco, TX 76712 Tax ID: 26-2637994 |
|--|---|

● **I instruct my Present Custodian/Plan Administrator to process my Required Minimum Distribution payment as indicated below:**

- If I am age 70½ or over or the beneficiary of an IRA, I authorize my Present Custodian to:
- Distribute my RMD or life expectancy payment to me prior to transferring my assets.
 - Segregate and retain my RMD or life expectancy payment amount.
 - Include the amount that represents my RMD or life expectancy payment in the transfer.

3 Tell us how you want us to remit this form to your Present Custodian or Plan Administrator.

| | | |
|--|--|---|
| <input type="radio"/> UPS Ground If no selection is made, this request will be sent by UPS Ground Delivery to your Present Custodian. | <input type="radio"/> Overnight Choose one: ___ FedEx ___ UPS ___ Self Directed IRA Services, Inc. is authorized to deduct the overnight fee from the transfer of funds received in my Account. ___ Self Directed IRA Services, Inc. is authorized to charge FedEx or UPS account # _____. | <input type="radio"/> Fax to # _____ Attn _____ You must first verify your Present Custodian or Plan Administrator will accept a faxed copy and does not require an original signature. |
|--|--|---|

4 Sign below to authorize this transfer/direct rollover.

I authorize the IRA transfer or direct rollover in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining my eligibility for transfer or direct rollover within the limits set forth by tax laws, related regulations and plan agreements. I represent that I have established an IRA account with Self Directed IRA Services, Inc ("SDIRA Services") as Custodian. I agree to indemnify and hold harmless both my present Custodian/Plan Administrator and SDIRA Services from any and all costs, obligations, losses, claims, damages and expenses (including reasonable attorney fees) related or associated with this request. If special handling is requested (wire or overnight delivery), I authorize the deduction of applicable fees from my account. I assume responsibility for any tax consequences or penalties that may apply and I agree that the Custodian or Plan Administrator shall in no way be held responsible.

- ★ Before signing, check with your present Custodian to determine whether it will require a Medallion Signature Guarantee to process this request.
- ★ If a signature guarantee is not required, please sign below and send this form to Self Directed IRA Services, Inc.
- ★ If required, a signature guarantee can be obtained from your bank or a brokerage firm. A signature guarantee may not be obtained from a notary public.

| | |
|---|--|
| <div style="text-align: right; margin-bottom: 10px;"> </div> _____ Accountholder Signature | MEDALLION SIGNATURE GUARANTEE _____ Date A Medallion Signature Guarantee Program is approved by the Securities Transfer Association. Participating financial institutions guarantee that the individual signing this form is in fact the owner of the account for which the transfer is being requested. |
|---|--|

5 Letter of Acceptance by Self Directed IRA Services, Inc.

The account for the above-named individual is a valid IRA and Self Directed IRA Services, Inc. hereby accepts appointment as Custodian for the IRA account and agrees to accept the assets for transfer or direct rollover as indicated herein.

| | |
|--|---------------|
| _____ Authorized Signature of Self Directed IRA Services, Inc., IRA Custodian | _____ Date |
|--|---------------|

6. In regards to this Investment Direction, I take sole responsibility for the selection and performance, including the future value, of the precious metals purchased, exchanged or sold. I have received no investment or other advice from SDIRA Services or its employees, nor any recommendation as to any purchase, exchange or sale and I agree to hold SDIRA Services harmless from any Damages resulting from its execution of this Investment Direction.

7. SDIRA Services is not responsible for the purity, weight, metal content or authenticity of any coins or bullion purchased. Likewise, SDIRA Services is not responsible for the conduct, action, failure, breach or omission of the dealer or any resulting Damages.

8. I have reviewed and agree to all fees outlined on SDIRA Services Fee Schedule and this Investment Direction form regarding the purchase, storage, packing and shipping of physical precious metals in my SDIRA Services Account.


9. Precious metals shall be stored at one of the depository options chosen by the account holder. SDIRA Services shall not take physical possession of any precious metals. The Depository shall be solely responsible for the storage and safekeeping of all precious metals. SDIRA Services sole responsibility is to have made a prudent selection in the Depository storage options available. I understand and direct SDIRA Services to open the storage account in accordance to my elected storage method, Commingled or Segregated, with the depository I have selected. I understand and agree that if I do not indicate a depository, Delaware Depository will be the default depository. I also understand and agree that if I do not indicate a storage option, Commingled Storage will be the default storage option.

10. Values for precious metals shall reflect the spot value which is the current spot price multiplied by the ounces of fine metal contained in the coin or bar. Spot values do not include any mark-ups, mark-downs, premiums or commissions. Spot values should be used as an indication of value only and should not be construed as a firm bid price to buy by any broker or dealer. The actual precious metals type and quantity of a transaction may affect the price received for any given bullion item. Proof coins must be encapsulated in complete, original mint packaging, including certificate of authenticity, and in excellent condition. Non-proof coins must be in Brilliant Uncirculated condition and free from damage. Price indications for specific bullion products may be obtained from various sources including your precious metals broker dealer or on the internet at sites such as www.BullionValues.org.

11. I understand that an investment in precious metals is dependent on global markets and other factors and there may be fluctuations in price of the precious metals, and I direct SDIRA Services to process this transaction on behalf of my Account by way of this Investment Direction despite such fluctuations. I agree to waive any claims that I may have, past, present or future, known or unknown, anticipated or unanticipated with respect to the fluctuation or change in the price or condition of any precious metals.

12. I hereby indemnify and hold harmless SDIRA Services from any and all Damages arising from or in connection with this Investment Direction.

Investment Products: Not FDIC-Insured * No Bank Guarantee * May Lose Value

 Sign Here

Accountholder Signature

Date

IRA Account # (if known)

03/01/2015

For internal use