

1 Account Owner Information

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.		LEGAL NAME (Last, First, Middle)				INTERNAL USE ONLY	
SOCIAL SECURITY NUMBER							
DATE OF BIRTH	OCCUPATION/INDUSTRY (if self-employed state occupation)				TITLE		
LEGAL ADDRESS (cannot be a P.O. box)					PHONE		
CITY	COUNTY	STATE	ZIP	CELL			
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE					FAX		
CITY	COUNTY	STATE	ZIP	EMAIL			

Check the Appropriate Box to Indicate Your Marital Status

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED (Please see Spousal Consent in section 7)	<input type="checkbox"/> WIDOWED OR DIVORCED
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2 Referral Source

Name of Entrust representative or Entrust office

How did you hear about us?

<input type="checkbox"/> INTERNET SEARCH	<input type="checkbox"/> ENTRUST EMAIL	<input type="checkbox"/> PUBLIC EVENT BOARD	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> PRESS RELEASE	<input type="checkbox"/> OTHER :
<input type="checkbox"/> CLIENT REFERRAL (enter name)					
<input type="checkbox"/> BUSINESS ASSOCIATE REFERRAL (enter name)					

3 New Account Information

Choose the type of account you wish to open

<input type="checkbox"/> TRADITIONAL IRA	<input type="checkbox"/> SEP IRA (Please attach page 1 of the Entrust SEP IRA Agreement and Disclosure)	<input type="checkbox"/> HEALTH SAVINGS ACCOUNT (Please attach the last page of the Entrust Health Savings Account Agreement and Disclosure)
<input type="checkbox"/> ROTH IRA	<input type="checkbox"/> SIMPLE IRA (Please attach the last page of the Entrust SIMPLE IRA Agreement and Disclosure)	Choose Coverage: <input type="checkbox"/> Self-Only Coverage <input type="checkbox"/> Family Coverage
<input type="checkbox"/> BENEFICIARY IRA (Account title: your name, Bene FBO Deceased Name)	EMPLOYER NAME:	

4 Account Notifications and Options

Would you like to have online access to your statements?	Would you like to receive email notifications of changes to your account?
<input type="checkbox"/> Yes (Account statements will be mailed annually only)	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

5 Funding Information

How will you be funding your account?

<input type="checkbox"/> ANNUAL CONTRIBUTION Year:	<input type="checkbox"/> TRANSFER Transfer from an existing IRA or Employer Sponsored Plan.	<input type="checkbox"/> ROLLOVER Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan.	<input type="checkbox"/> DIRECT ROLLOVER Rollover from Employer Sponsored Plan
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6 Beneficiary Information (If needed, please use a Beneficiary Form to add more beneficiaries.)

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 the 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. <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT			
NAME		SOCIAL SECURITY NUMBER	
ADDRESS	CITY, STATE, ZIP		RELATIONSHIP
DATE OF BIRTH	SHARE _____ %		
2. <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT			
NAME		SOCIAL SECURITY NUMBER	
ADDRESS	CITY, STATE, ZIP		RELATIONSHIP
DATE OF BIRTH	SHARE _____ %		
3. <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT			
NAME		SOCIAL SECURITY NUMBER	
ADDRESS	CITY, STATE, ZIP		RELATIONSHIP
DATE OF BIRTH	SHARE _____ %		

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

The consent of spouse must be signed only if all of the following conditions are present:

A. Your spouse is not the sole primary beneficiary named and;

B. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, or WI)

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the above Designation of Beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____, hereby consent to the above Beneficiary designation.

Spouse Signature _____ Date _____

8 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 Kingdom Trust Co., 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.

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.

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.

9 Interested Party Designation

Please complete the information below to authorize your spouse, financial advisor (*broker, financial planner, accountant, attorney, or other person, etc.*) to receive information about your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account. This form must be completed in full.

Choose one of the following:

<input type="checkbox"/> CHANGE existing Interested Party Designation to the following:	<input checked="" type="checkbox"/> ADD the following Interested Party	<input type="checkbox"/> REVOKE Interested Party Designation
NAME OF INTERESTED PARTY	DATE OF BIRTH	TELEPHONE NUMBER
COMPANY NAME <i>(If applicable)</i>	EMAIL ADDRESS	FAX NUMBER
INTERESTED PARTY STREET ADDRESS	CITY, STATE, ZIP	

10 Account Owner Signature and Acknowledgement

I acknowledge receipt of a signed 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 Delaware 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:
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5 Disclosure

**If no preference is indicated, fees will be debited from your Entrust Account.

Annual Recordkeeping and Administration 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 record keeping fees are not pro-rated when an account closes. Custodial Administration Fee: We receive a fee equal to the income generated from deposit accounts that hold undirected cash in your Account, if any. The custodian of your account is entitled to this fee under the section titled "Custodian's Fees and Expenses" of your IRA Custodial Account Agreement (example: Section 8.06 if you have a Traditional IRA), and has assigned this fee to us for services relating to the investment of undirected cash. Termination: If you incur a termination of your account, we will charge a termination fee of \$150, plus the applicable transaction fee for each asset that is sold. A transfer of assets from your Account to a third party, including to another individual retirement account for your benefit, is considered a termination for purposes of the imposition of this fee. A lump sum distribution is considered a termination for purposes of the imposition of this fee. However, a distribution after your attainment of age 70-1/2 or disability or death is not considered a termination, and is not subject to the termination fee. Collection of Fees and Charges: Account 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 bill and collect fees and charges annually, based on your account establishment date. These fees and charges 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 fees: 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 will liquidate other assets to pay for such fees and charges, after giving you 30 days' notice of our intention to do so. The Entrust Group, Inc. 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 the fees and charges. The Entrust Group, Inc. reserves the right to sell any past due receivables to a collection and credit reporting agency.

There are numerous depositories that specialize in storage and safekeeping of precious metals. I understand that The Entrust Group is not and cannot be held responsible for the actions 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 and any activities or lack of activities on the part of said depository.

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

PRINT NAME:	
SIGNATURE:	DATE:

1 Account Information

NAME (as it appears on your account application)	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Account Information and Compatibility

Must transfer to a compatible type of account (Please reference compatibility chart on our website at www.TheEntrustGroup.com)

Account Type Being Transferred (check one)	To The Entrust Group Account Type (check one)
<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> ROTH <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> ESA <input type="checkbox"/> HSA	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> ROTH <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> ESA <input type="checkbox"/> HSA
Qualified Plan Transfer (check one)	
<input type="checkbox"/> QUALIFIED PLAN TO QUALIFIED PLAN (Pre-tax)	
<input type="checkbox"/> QUALIFIED PLAN ROTH TO QUALIFIED PLAN ROTH (Post-tax)	

3 Current Custodian Information

Copy of current statement is required for the account being transferred

CUSTODIAN NAME	ACCOUNT NUMBER		
ESTIMATED TRANSFER VALUE	STREET ADDRESS	CITY, STATE, ZIP	
PHONE	FAX		

4 Transfer Instructions

- For all liquidation requests, contact your current Trustee/Custodian to initiate the liquidation process.
- The term "liquidate all assets and transfer proceeds" will result in all assets being sold and the cash proceeds being forwarded to The Entrust Group.
- The term "in-kind" refers to the re-registration of stock, mutual fund, etc. from the prior Trustee/Custodian's name to The Entrust Group.
- If only a partial transfer of certain asset(s) is desired, please list all assets to be liquidated or transferred in-kind in the spaces provided, as well as mark the appropriate box. A copy of a recent statement (dated within 6 months) from your current Trustee/Custodian is required.

Type of Transfer: (check one)

<input type="checkbox"/> FULL TRANSFER <i>Liquidate*</i> all assets and transfer as cash	<input type="checkbox"/> FULL TRANSFER Transfer all assets <i>in-kind</i>	<input type="checkbox"/> PARTIAL TRANSFER (list on next section)
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PARTIAL TRANSFER ONLY	QUANTITY	INSTRUCTIONS
Description of Asset (<i>cash, real estate, LLC, etc.</i>)	<i>(All, # of Shares, or Value)</i>	<i>(Please check one box per asset)</i>
1.		<input type="checkbox"/> LIQUIDATE* or <input type="checkbox"/> IN-KIND
2.		<input type="checkbox"/> LIQUIDATE* or <input type="checkbox"/> IN-KIND
3.		<input type="checkbox"/> LIQUIDATE* or <input type="checkbox"/> IN-KIND
4.		<input type="checkbox"/> LIQUIDATE* or <input type="checkbox"/> IN-KIND

5 Delivery Instructions

Choose how you want your current trustee/custodian to deliver your assets to The Entrust Group

Funds are available next day upon receipt.	If received by check, funds are not available for 5 business days.
<input type="checkbox"/> INCOMING WIRE TRANSFER (<i>additional fee applies</i>)	<input type="checkbox"/> REGULAR CHECK <input type="checkbox"/> CASHIER'S CHECK
Send request for Check/Re-registration by:	
<input type="checkbox"/> FIRST CLASS MAIL <input type="checkbox"/> OVERNIGHT DELIVERY* AND CHARGE MY ACCOUNT THE OVERNIGHT FEE <small>*Physical address must be provided, cannot overnight to P.O. Box</small>	<input type="checkbox"/> SEND OVERNIGHT VIA 3RD PARTY BILLING: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Account Number : _____

6 Account Owner Signature and Acknowledgement

- I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established an Entrust self-directed account.
- I understand the rules and conditions applicable to an Account Transfer. I understand that it is my responsibility to contact my current financial institution to determine whether a medallion guarantee is required. If a medallion guarantee is required, it is my responsibility to take this Form to my bank or credit union for a medallion guarantee. (Failure to obtain a medallion guarantee could result in delays and/or rejection of this request by your current financial institution)
- I qualify for the account transfer of assets listed in section 4 and authorize such transactions.
- I understand that no one at Entrust has authority to agree to anything different than my foregoing understandings of Entrust policy.

(Medallion Signature Guarantee Stamp)

SIGNATURE	DATE
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FOR OFFICE USE ONLY: Acceptance of Receiving Custodian

Pursuant to a limited written delegation, the Custodian has authorized The Entrust Group serve as the Administrator for the Custodian and to sign this form on the Custodian's behalf. The Custodian ASSUMES NO INVESTMENT CONTROL OVER CLIENT FUNDS AND ACTS ONLY AS A CUSTODIAN FOR CLIENT FUNDS. The Custodian assumes no investment management or investment fiduciary obligations.

The Entrust Group on behalf of the Custodian.

AUTHORIZED SIGNATURE, THE ENTRUST GROUP: _____ **DATE:** _____