



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-\$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.

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

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.

Rep Name	Rep # (if applicable)		IP Name			
Firm Name			Firm Name			
Rep Address			IP Address			
Rep City	State	Zip	IP City	State	Zip	
Rep Phone	Rep Fax		IP Phone	IP Fax		
Rep Email			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



Precious Metals IRA

For Precious Metals Investments

Basic IRA

For Public Investments

Flex IRA

For Alternative Investments

Account may hold only Precious Metals:

- American Eagle gold, silver and platinum coins
- Other coins as allowed under IRC §408(m)(3)
- Other precious metal products which meet the minimum fineness requirements and are manufactured by a NYMEX or COMEX approved refiner/assayer

Account may hold any combination of:

- Brokerage Accounts
- Public REITs
- Public LPs and LLCs
- Public Note or Debt Offerings
- Bank CDs
- Other publicly registered or available products

Account may hold any combination of:

- Any Precious Metals or Basic IRA products
- Real Estate
- Trust Deeds/Mortgages
- Private Stocks and REITs
- Private LPs and LLCs
- Private Note or Debt Offerings
- Other alternative investments permitted by SDIRA Services

IRA Fee Schedule

Effective March 1, 2015

Account Set-up Fee (Due upon account opening)			
If opened using our secure Online Portal	\$25	\$25	\$25
If opened using a Paper Application	\$50	\$50	\$50
Annual Account Fees			<u>Based on Total Account Value:</u>
Due at account opening and annually on anniversary of account opening	\$75 if under \$100,000 \$125 if \$100,000 or over	\$100	\$175 if \$0 - \$100,000 \$200 if \$100,001 - \$200,000 \$300 if \$200,001 or over
Paper Statements Mailed (Electronic statements provided at no cost)	\$20 (\$30 effective Jan. 1, 2015)	\$20 (\$30 effective Jan. 1, 2015)	\$20 (\$30 effective Jan. 1, 2015)
Late Fee (Charged for every 30 days past due)	\$15	\$15	\$15
Annual Asset Holding Fees			
Charged with Annual Account Fee after first year.			
Real Estate Holding (per property - capped at 3; maximum fee = \$300)	—	—	\$100
Private Investment Holding (per asset - capped at 4; maximum fee = \$200)	—	—	\$50
Annual Precious Metals Storage Fee			
Charged upon opening the required storage account and annually on anniversary of account opening			
Commingled Precious Metals Storage	\$100	\$100	\$100
Segregated Precious Metals Storage			
\$2 per \$1,000 of value stored (20 basis points); \$200 minimum	\$200 min.	\$200 min.	\$200 min.
Processing Fees			
Charged at time transaction processed.			
Real Estate Purchase or Sale (per transaction)	—	—	\$125
Private Investment Purchase or Sale	—	—	\$50
Precious Metals Purchase, Sale or Exchange	\$40	\$40	\$40
Precious Metals Shipping	\$10 + cost	\$10 + cost	\$10 + cost
Service Fees			
Charged at time service is provided. Fees subject to change without notice.			
Overnight (if charged to our account or to another party's account when pre-filled FedEx or UPS airbill/label is not provided)	\$20 + cost	\$20 + cost	\$20 + cost
Stop Payment	\$25	\$25	\$25
Return Check	\$25	\$25	\$25
Wire - Domestic	\$25	\$25	\$25
Wire - International	\$50	\$50	\$50
Distribution/Withdrawal by ACH (if scheduled monthly or quarterly)	No charge	No charge	No charge
Distribution/Withdrawal by Check	\$5	\$5	\$5
Distribution/Withdrawal by Wire	\$25	\$25	\$25
Federal Withholding / State Withholding	\$5 each	\$5 each	\$5 each
Cashier's Check	\$25	\$25	\$25
Roth Conversion (per asset)	\$50	\$50	\$50
990-T Processing	\$50	\$50	\$50
Transfer and Recording of Incoming Assets	At cost	At cost	At cost
Partial Transfer Out (cash or per in-kind asset)	\$50	\$50	\$50
Account Termination	\$150	\$150	\$150
Research or Special Services (per hour)	\$50	\$50	\$50
Minimum Cash Requirement			
Account is required to maintain this minimum balance in the cash account.	No minimum required	No minimum required	\$500

Self Directed IRA Services, Inc. reserves the right to charge for other services not shown above.

Cash Account Information for Un-invested Cash: Funds received on behalf of an IRA account are automatically deposited into a Custodial NOW account held with Horizon Bank, an affiliate of Self Directed IRA Services, Inc. ("SDIRA Services"), and/or other depository banks selected by SDIRA Services, where they are FDIC-insured up to \$250,000 per depositor, pending further investment direction. Interest rates are subject to change in accordance with market conditions at the sole discretion of SDIRA Services. Please refer to the *Terms for Uninvested Cash* section in your IRA Accountholder Agreement for more information.

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



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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 I elect a Direct Rollover of my: <input type="radio"/> 401(k), 403(b), 457(b) or other eligible Qualified Retirement Plan	Your Social Security Number <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.	Account Number with SDIRA Services <input type="text"/>
Name as it appears on the Account <input type="text"/>	Your Daytime Phone Number <input type="text"/>
Name of Custodian or Plan Administrator <input type="text"/>	Your Email Address <input type="text"/>
Custodian's/Administrator's Physical Delivery Address <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
City <input type="text"/> State <input type="text"/> Zip <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
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. Self Directed IRA Services, Inc., Custodian FBO _____ IRA # _____ U.S. Mail Address: _____ Overnight Delivery Address: _____ P.O. Box 23149 215 Mary Avenue, Suite 311 Waco, TX 76702 Waco, TX 76701
<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 # _____ 215 Mary Avenue, Suite 311 Waco, TX 76701 Tax ID: 26-2637994
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• 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:	<input type="radio"/> Distribute my RMD or life expectancy payment to me prior to transferring my assets. <input type="radio"/> Segregate and retain my RMD or life expectancy payment amount. <input type="radio"/> Include the amount that represents my RMD or life expectancy payment in the transfer.
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3 Tell us how you want us to remit this form to your Present Custodian or Plan Administrator.

<input type="radio"/> UPS Ground <div style="border: 1px dashed orange; padding: 2px;"> If no selection is made, this request will be sent by UPS Ground Delivery to your Present Custodian. </div>	<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 _____ <div style="border: 1px dashed orange; padding: 2px;"> You must first verify your Present Custodian or Plan Administrator will accept a faxed copy and does not require an original signature. </div>
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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: center;"> </div> _____ Accountholder Signature Date	MEDALLION SIGNATURE GUARANTEE 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.
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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
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Self Directed IRA

SERVICES INC

A subsidiary of Horizon Bank

Deposit Coupon

215 Mary Avenue, Suite 311 • Waco, TX 76701 • Operations@sdiraservices.com
 Phone 512.637.5739 • Fax 512.495.9554 • www.SDIRAServices.com

Please complete all applicable information on the Deposit Coupon and submit along with the check. If funds are being wired, please fax this Deposit Coupon to the attention of "Accounting" prior to the wire transfer.

1 Account Information

Accountholder Name		Account Number
Daytime Phone	Email Address	
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	
Deposit Amount	Check Number	Wire Transfer Date

2 Specify Type of Deposit

• **Contribution or Rollover Deposit** Accountholder must sign and date Section 3 below.

- Contribution For Tax Year _____ (SEP contributions are reported in the year received.)
- Rollover

• **Investment-Related Deposit** Must specify name of the investment below.

Investment or Property Name

Note or Debt Payment: Must complete the payment information below, including any interest and principal breakdown.

Interest \$	Principal \$	Other _____ \$ _____
New Ending Balance on the Note/Debt \$		Note Payoff: _____ Partial _____ Full

- | | |
|--|---|
| <input type="checkbox"/> Return of Capital | <input type="checkbox"/> Dividend |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Late Payments \$ _____ |
| <input type="checkbox"/> Partial Sale Proceeds | <input type="checkbox"/> Complete Sale Proceeds |

3 Signature

Accountholder must sign and date below if deposit is a Contribution or Rollover.

I hereby certify that all information provided is true and correct and may be relied on by SDIRA Services.

If making a Contribution, the undersigned understands the terms and conditions applicable to the IRA account are contained in the IRA plan agreement and agrees to be bound by those terms and conditions. The undersigned certifies that (i) the eligibility requirements have been met for making the type of IRA contribution indicated above, (ii) accountholder assumes complete responsibility for ensuring that all IRA contributions made are within the limits set by the tax laws, related regulations and plan agreement and for the tax consequences of any contributions (including any rollover and conversion contributions) and distributions, and (iii) the deposit described above is eligible to be contributed to the IRA.

If making a Rollover, the undersigned Accountholder understands the rules and conditions applicable to direct rollovers and certifies that (i) the requirements have been met for making a direct rollover of the funds shown above (ii) all funds are being deposited within the allowable 60 day period since distributed to me, (iii) this is the only rollover for or by me within the previous 12 month period, and (iv) none of the assets being deposited contain amounts from a Required Minimum Distribution. I acknowledge that I have been advised to see a tax professional due to the important tax consequences of rollovers. I assume full responsibility for this rollover transaction and will not hold Self Directed IRA Services, Inc. (SDIRA Services") liable for any adverse consequences that may result. I hereby irrevocably designate the rollover amount shown above as a rollover contribution.

Accountholder Signature _____

Date _____



Self Directed IRA

SERVICES INC

A subsidiary of Horizon Bank

Investment Direction for PRECIOUS METALS

For regular mail:
P.O. Box 23149
Waco, TX 76702

For overnight delivery:
215 Mary Avenue, Suite 311
Waco, TX 76701

Phone: 866.928.9394 512.637.5739

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

1 Provide your information.

Accountholder Name

IRA Account # (if known)

Daytime Phone Number

Email Address

2 Select your Depository and Storage Method, if Initial Purchase.

Storage Option

A precious metals storage account is required to be established with either Delaware Depository Service Company ("DDSC") or Brink's, Inc. for the holding and storage of your IRA-owned precious metals. SDIRA Services will open a storage account with the depository selected upon receipt of your first-year storage fee.

If this is your initial purchase of precious metals in the above referenced IRA account, you must specify your Depository and Storage Option.

Select your Depository: If no Depository is selected, Delaware Depository Service Company will be your default election.

Brink's Inc. – Salt Lake City

2179 South 300 West, STE 4
Salt Lake City, UT 84115
For deposit to: SDIRA Services
FBO (accountholder name) IRA#

Delaware Depository Service Co

3601 North Market Street
Wilmington, DE 19802
For deposit to: SDIRA Services
FBO (accountholder name) IRA#

Select the Storage Method for Gold, Platinum, and Palladium: If the Storage Method for Gold, Platinum, and Palladium is not specified, Commingled Storage will be your default election. Note: All Silver will be held in Commingled storage; Segregated storage is not available.

Commingled storage: I authorize Self Directed IRA Services, Inc. ("SDIRA") to open a Commingled storage account with my chosen depository. I understand that SDIRA maintains a segregated storage area with the respective depositories, separate and apart from other customers, and my precious metals will be commingled with other SDIRA customers within that storage area. **I further understand that my initial and annual storage fee will be \$100. The initial storage fee is due and payable now and annually in the anniversary month of the account establishment.**

Segregated storage (not available for silver): I authorize Self Directed IRA Services, Inc. ("SDIRA") to open a Segregated storage account with the chosen depository. I understand that SDIRA maintains a segregated storage area with my chosen depository, separate and apart from other customers; and my precious metals will be segregated, stored and marked with my name and IRA number. **I further understand that my initial and annual storage fee will be \$2 per \$1,000 of value stored (20 basis points); minimum \$200. The initial storage fee is due and payable now and annually in the anniversary month of the account establishment.**

3 Tell us which Precious Metals Dealer will be handling your transaction.

Precious Metals Dealer Information

Identify the Dealer handling this transaction.

Dealer Name

Contact Name

Dealer Address

Email

Phone

Fax

4

Specify the transaction you wish to authorize. A processing fee of \$40 will be charged for a purchase, exchange or sale.

• Purchase

I authorize and direct Self Directed IRA Services, Inc. to purchase the precious metals indicated below.

QUANTITY	SPECIFIC DESCRIPTION OF PRECIOUS METALS	AMOUNT
TOTAL		

I authorize and direct Self Directed IRA Services, Inc. to wire funds **in advance** to my Dealer indicated above for this purchase using the wiring instructions provided below.

WIRE PURCHASE FUNDS TO:		A wire fee of \$25 will be charged.	
Bank Name			
Bank Phone			
Bank Location	City	State	
ABA Routing #	Must be 9 digits	_____	
For Credit To	Account Name		
	Account #		
For Further Credit To	Account Name		
	Account #		

● Exchange

I instruct Self Directed IRA Services, Inc. to authorize the exchange of precious metals per the instructions provided below. I understand that Shipping Fees will be incurred and I will be responsible for payment, as indicated in section 5.

METALS OUT		METALS IN	
Quantity	Description of Metals/Coins	Quantity	Description of Metals/Coins

DELIVERY INSTRUCTIONS			
Deliver To	Dealer's Depository and Depository Account #		
Deliver By	<input type="radio"/> FedEx Overnight <input type="radio"/> FedEx 2-Day <input type="radio"/> US Postal Service		
Shipping Address	Street Address		
	City	State	Zip

● Liquidate/Sale

I instruct Self Directed IRA Services, Inc. to authorize the liquidation/sale of precious metals per the instructions provided below. I understand that Shipping Fees will be incurred and I will be responsible for payment, as indicated in section 5. Shipping costs will vary based on weight, packaging requirements, handling, insurance and postage.

Quantity	Specific Description of Metals/Coins	Amount
TOTAL		

MUST PROVIDE DELIVERY INSTRUCTIONS			
Deliver To	Dealer's Depository and Depository Account #		
Deliver By	<input type="radio"/> FedEx Overnight <input type="radio"/> FedEx 2-Day <input type="radio"/> US Postal Service		
Shipping Address	Street Address		
	City	State	Zip

Note: Please contact us to obtain the necessary form if closing your IRA.

5

Indicate how your IRA and storage fees are to be handled.

• Fees

Specify how you would like your IRA and storage fees to be handled below.

FEE	WHEN FEE WOULD BE INCURRED	INDICATE HOW YOU WANT TO HANDLE FEE PAYMENT
\$25 Wire Fee	If making a Purchase	<input type="radio"/> Check enclosed <input type="radio"/> Deduct from my IRA account (must have sufficient cash)* <input type="radio"/> Charge to credit card**
\$40 Processing Fee	If making a Purchase, Exchange or Sale	<input type="radio"/> Check enclosed <input type="radio"/> Deduct from my IRA account (must have sufficient cash)* <input type="radio"/> Charge to credit card**
\$25 or \$50 Establishment Fee (see fee schedule)***	If establishing a new IRA with Self Directed IRA Services, Inc.	<input type="radio"/> Check enclosed <input type="radio"/> Deduct from my IRA account (must have sufficient cash)* <input type="radio"/> Charge to credit card**
Depository Storage Fee (see section 2; \$100/year in most cases)	If making an initial Precious Metals purchase	<input type="radio"/> Check enclosed <input type="radio"/> Deduct from my IRA account (must have sufficient cash)* <input type="radio"/> Charge to credit card**
\$75 or \$125 First Year IRA (see fee schedule)**** Account Fee for first year and annually thereafter	If opening a new IRA account	<input type="radio"/> Check enclosed <input type="radio"/> Deduct from my IRA account (must have sufficient cash)* <input type="radio"/> Charge to credit card**
Shipping Fees (Amount to be determined)	If requesting an exchange or sale	<input type="radio"/> Invoice me <input type="radio"/> Deduct from my IRA account (must have sufficient cash)* <input type="radio"/> Charge to credit card**

- * If fees are to be deducted from your account, you must have sufficient funds available within your IRA account. Please keep this in mind and include the appropriate amounts when requesting a specific dollar amount for transfer or rollover.
- ** If fees are charged to a credit card, you must complete the attached Credit Card Charge Authorization form.
- *** If establishing your account through our online portal, located on our website, www.sdiraservices.com, the fee is \$25.00. If using a paper copy the fee is \$50.00.
- **** If account value is \$100,000.00 or less, the annual fee will be \$75.00. If the account value is \$100,001.00 or more, the annual fee is \$125.00.

6

Sign below to authorize your investment direction.

I direct Self Directed IRA Services, Inc. ("SDIRA Services") to execute the above Precious Metals transaction with the dealer described above for the benefit of my self directed IRA account ("Account"). In doing so I hereby make the following acknowledgements, agreements and representations:

- I have evaluated the risks involved with this transaction and have conducted the due diligence I felt appropriate on the dealer I have selected. I am solely responsible for the choice of precious metals dealer and SDIRA Services has made no representations or recommendations with regards to this dealer.
- I understand that any missing information or incomplete forms may cause delays in processing this direction and in releasing the payment or asset, and I agree that SDIRA Services shall not be responsible for any loss, cost, court cost, expenses or other damages (collectively, "Damages") which may result by any information not provided by me when submitting this investment direction or by any action or inaction by the dealer.
- If directing a purchase in precious metals, SDIRA Services shall not take any action with regard to this investment direction unless and until my Account has sufficient liquid funds available in my Account to cover the purchase amount and any charges and fees involved with this transaction. I understand and agree to all the charges and fees due the dealer and Depository in connection with this transaction and storage of my precious metals directed herein, including but not limited to any safekeeping charges, shipping, handling and insurance fees and direct SDIRA Services to pay all such fees and charges from my Account.
- I authorize and direct SDIRA Services to release payment to the dealer in advance of the dealer arranging for the purchase and delivery of my precious metals to my selected depository. SDIRA Services shall have no responsibility or liability if the precious metals received by the Depository do not match those described in this Investment Direction or if there is any delay or failure in delivery by the dealer to the Depository.
- I certify that the precious metal investment(s) directed herein is/are not prohibited transactions as defined in the Internal Revenue Code; that the investments are in precious metals that are permitted to be held in an IRA pursuant to IRC 408(m)(3)(A)(i)-(iv) and 408(m)(3)(B); and that I have consulted with a legal or tax professional to the extent necessary for me to make this certification. I certify that I have not received any legal or tax advice from SDIRA Services or its employees.

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