



- Traditional
- Roth
- SEP

Self Directed IRA New Account Kit

CHECKLIST

- Client and Shipping Agreement
- IRA Account Application
- IRA Transfer/Direct Rollover Request
- Copy of your IRA/401(k) Statement



Self Directed IRA

S E R V I C E S I N C

A subsidiary of Horizon Bank



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:

- Any Precious Metals IRA products
- 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



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 _____ Deceased Owner's Date of Birth ____/____/____
Deceased Owner's Social Security Number _____ Deceased Owner's Date of Death ____/____/____

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.

- 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



Self Directed IRA SERVICES INC

A subsidiary of Horizon Bank

Precious Metals Depository Election Form

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

Use this form to elect the depository storage method for your IRA-owned precious metals.

1 Account Information

Please print clearly.

Accountholder Name	Account Number
Daytime Phone	Email Address

2 Depository Facility and Storage Method

Please select one depository and your storage option.

<input type="checkbox"/>	Brink's, Salt Lake City – 2179 South 300 W, Suite #4 Salt Lake City, UT 84115	<input type="checkbox"/> Commingled	I authorize Self Directed IRA Services ("SDIRA Services") to open a commingled storage account with my chosen depository. I understand that SDIRA Services maintains a segregated storage area with the depository, separate and apart from other customers, and my precious metals will be commingled with other metals held by SDIA Services at the depository.
		<input type="checkbox"/> Segregated (Gold, Platinum, and Palladium only)	I authorize Self Directed IRA Services ("SDIRA Services") to open a segregated storage account with my chosen depository. I understand that SDIRA Services maintains a segregated storage area with the depository, separate and apart from other customers, and my precious metals will be segregated, stored and marked with my name and IRA account number .
<input type="checkbox"/>	DDSC – 3601 North Market Street Wilmington, DE 19802	<input type="checkbox"/> Commingled	I authorize Self Directed IRA Services ("SDIRA Services") to open a commingled storage account with my chosen depository. I understand that SDIRA Services maintains a segregated storage area with the depository, separate and apart from other customers, and my precious metals will be commingled with other metals held by SDIA Services at the depository.
		<input type="checkbox"/> Segregated (Gold, Platinum, and Palladium only)	I authorize Self Directed IRA Services ("SDIRA Services") to open a segregated storage account with my chosen depository. I understand that SDIRA Services maintains a segregated storage area with the depository, separate and apart from other customers, and my precious metals will be segregated, stored and marked with my name and IRA account number .

Precious Metal Valuation Information

Values for precious metals shall reflect the spot value which is the current market price at which a metal is bought or sold for immediate payment and delivery. 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. Spot values do not include any dealer mark-ups, mark-downs or commissions. 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.

4 Signature

Must sign before your precious metals purchase order can be processed.

I direct Self Directed IRA Services, Inc. ("SDIRA Services") to open a storage account with the above designated precious metals depository for storage of my IRA-owned precious metals. By signing this form, Accountholder agrees to pay the depository's annual storage fee, transfer fees, shipping fees and other charges that may be incurred for holding precious metals as shown on SDIRA Services IRA Fee Schedule.

Accountholder Signature _____ Date _____

5 Send your completed form to us

Mail or Email



Self Directed IRA Services, Inc.
 P.O. Box 23149
 Waco, TX 76702
Operations@sdiraservices.com

Physical Delivery

Self Directed IRA Services, Inc.
 215 Mary Avenue, Suite 311
 Waco, TX 76701



Fax to 512.495.9554
 Attn: Precious Metals Processing



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

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 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 initiate 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.
--	--

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="display: flex; align-items: center;"> <div style="background-color: orange; color: white; padding: 5px; margin-right: 10px;">Sign Here</div> <div style="border-bottom: 1px solid black; width: 300px; margin-right: 20px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Accountholder Signature Date </div>	<p>MEDALLION SIGNATURE GUARANTEE</p> <p>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.</p>
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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



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 _____

Privacy Notice

Rev. 12/11

FACTS

WHAT DOES SELF DIRECTED IRA SERVICES, INC. DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and transaction history
- Account balances and payment history
- Account transactions and retirement assets

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Self Directed IRA Services, Inc. chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Self Directed IRA Services, Inc. share?	Can you limit this sharing?
For our everyday business purposes – Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call (512) 637-5739 or go to www.sdiraservices.com

Who we are

Who is providing this notice?	Self Directed IRA Services, Inc.
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What we do

How does Self Directed IRA Services, Inc. protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
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How does Self Directed IRA Services, Inc. collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ open an account or direct us to sell your securities ▪ provide account information or direct us to buy securities ▪ make deposits or withdrawals from your account <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
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Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
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Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
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- Self Directed IRA Services, Inc. does not share with our affiliates

Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
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- Self Directed IRA Services, Inc. does not share with nonaffiliates so they can market to you

Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
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- Self Directed IRA Services, Inc. doesn't jointly market

Other important information**COMPLAINT NOTICE**

Self Directed IRA Services, Inc. is chartered under the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Savings and Mortgage Lending. Any consumer wishing to file a complaint against Self Directed IRA Services, Inc. should contact the Texas Department of Savings and Mortgage Lending through one of the means indicated below:

In Person or by Mail: 2601 North Lamar Boulevard, Suite 201, Austin, Texas 78705-4294

Telephone Number: (877) 276-5550, Fax Number: (512) 475-1360, Email: www.sml.state.tx.us/contacts.html