

Buy Direction Letter Private Placements

PO Box 9 Cedar City, UT 84721 Phone: 888-328-8008 Fax: 435-867-1042

Part 1 Account Owner Information									
NAME (as it appears in your plan)		IRA EXPRESS ACCOUNT NUMBER		ACCOUNT TYP	E				
EMAIL ADDRESS				PHONE NUMB	ER				
David Canada Information									
Part 2 General Asset Information									
☐ NEW PURCHASE		ADDITIONAL FUNDING		☐ EXCHANGE					
 A Private Placement Disclaimer & Indemnity Agreement (PPD) is required for all new purchases. An additional funding occurs when funds are sent out for an additional percentage of ownership of the asset that was previously purchased by your account. 									
INVESTMENT NAME (Describe the investment here. For	nt, etc.)	IRA PERCENTAGE OF OWNERSHIP %							
Part 3 Purchase Amount									
QUANTITY (number of shares, units, etc.)	PRICE (RICE (per share, unit)		TOTAL PURCHASE PRICE (quantity times price)					
Part 4 Investment Funding Information									
How would you like IRA Express to fund your investment? (Please select one of the options below)									
WIRE (Please provide wiring instructions or complete and attach a wiring instructions form)									
CHECK or CASHIERS CHECK (additional fees apply)									
Check Delivery Instructions PAYEE NAME TELEPHONE NUMBER									
PAYEE NAME			TELEPHONE NOWIDEN						
PAYEE ADDRESS	CITY		STATE		ZIP				
Part 5 Special Instructions									
Part 6 Payment of Fees									
How would you like to pay your fees?									
Please deduct fees from my IRA Express account.		A check is enclosed.		Please charge my credit card according to the information below.					
All fees are due at time of transaction. If no indication is made, fees will be deducted from your un-directed cash balance. Your transaction will not be processed unless sufficient funds are available.									



I have read and understand the disclosure above.

SIGNATURE

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Credit Card Information										
CARD TYPE (choose one):	VISA	MASTER CAI	RD	☐ AMERICA	☐ AMERICAN EXPRESS ☐ DISCOVER					
NAME AS IT APPEARS ON YOUR CARE)	CARD NUMBER			SECURITY CODE					
EXPIRATION DATE			BILLING ADD	RESS						
CITY, STATE, ZIP										
5111, 517112, 211										
By signing below, you authorize your credit card to be charged for the option(s) chosen above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.										
SIGNATURE					DATE					
Part 7 Investment Ackno	owledgement									
Prior to funding, all investment docu	ıments (such as clo	sing documents) must be noto	ated "read and	d approved" wit	th your signature and da	ite.				
I understand that my account is self-directed and that the Administrator and Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment, or inconnection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided, any advice with respect to the investment directive set forth in this Buy Direction Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator nor the Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements. I understand that neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. 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 claims by others, arising out of this Buy Direction Letter and/or this investment, including, but not limited to, claims by others related to my account any/or investment wherein Administrator and/or Custodian are 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 thin 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										
be available before your transaction can be processed.										

DATE