



Precious Metals IRA

New Account Forms

*IRA Express, Inc.
PO Box 9
Cedar City, UT 84721*

*Phone: 888-328-8008
Fax: 435-867-1042
Email: ira.admin@iraxp.com
Web: www.iraxp.com*



Precious Metals IRA Account Opening Instructions

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

Welcome to IRA Express!

Account Opening Instructions

Step 1 Complete the IRA Express Account Application	<input type="checkbox"/> Complete and print the new account application. After you review it for accuracy, sign, date, and deliver the application to IRA Express.
Step 2 Complete the Fee Schedule	<input type="checkbox"/> Note the annual maintenance fee associated with your account. <input type="checkbox"/> Look at other fees that may apply to your account and contact IRA Express if you have any questions. <input type="checkbox"/> Sign and return the Fee Schedule with your account application.
Step 3 Fund Your Account	<input type="checkbox"/> Transfer Form: Complete this form to transfer funds from an IRA you have with another custodian. If you would like to transfer funds from more than one IRA, fill out a separate form for each account. Each transfer form must be accompanied with a copy of your current custodian's IRA statement. <input type="checkbox"/> Contact your current Trustee/Custodian to inquire if a Medallion Signature Guarantee is required. If required, one should be obtained from an authorized member of the Securities Transfer Agents Medallion Program (STAMP). Check with your local bank or broker/dealer to see if they offer this service. Note: a Notary Public is not acceptable. <input type="checkbox"/> If you are transferring a Brokerage IRA and wish to transfer as cash, you will need to liquidate the appropriate assets prior to completing and submitting the Account Transfer Form. <input type="checkbox"/> Rollover/Direct Rollover Certification Form: Complete this form if you take a distribution from your previous IRA custodian or employer plan. To avoid taxes or penalties, make sure the rollover is done within 60 days from the time you take the distribution. <input type="checkbox"/> Deposit Coupon: Complete this form to fund your account with an annual contribution.
Step 4 Provide a copy of your Photo ID	<input type="checkbox"/> Make sure the copy of your non-expired ID is clear and legible. If your signature is on the back of the ID, include a copy of the front and back. <input type="checkbox"/> Compare the signature on your valid ID to the signature on your application to ensure that it matches. <input type="checkbox"/> If the address on your ID is not current, attach a copy of a current utility bill.
Step 5 Precious Metals IRA Account Agreement & Disclosure Form	<input type="checkbox"/> Download and print the appropriate Account Agreement & Disclosure form for the type of account you are opening. The Account Agreement and Disclosure form: <ul style="list-style-type: none">• Identifies you as the Account Holder• Establishes IRA Express, Inc. as the account Administrator and documents the Administrator's role and responsibilities• Identifies the Custodian (a financial institution designated by IRA Express)• Defines the terms and conditions of a Traditional IRA account as well as acceptable and prohibited transactions, your rights, and the process of making contributions and distributions. Please read and retain this document as it contains important information pertaining to your account. You must receive and read this disclosure in order to open an account.



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Step 6 Optional Documents

The documents below are optional and are not required; however, they may be useful when managing your account. To obtain copies of these forms, please contact IRA Express, or visit www.iraxp.com.

- ☐ Interested Party Designation Form: Complete this form to allow a designated individual to obtain your account information.
- ☐ Limited Power of Attorney: Complete this form to allow a designated individual to conduct transactions within your account, with the exception of closing the account or directing distributions and transfers.
- ☐ Deposit Coupon: Use this form if making a contribution to your account or to provide documentation for other deposits received by your IRA.
- ☐ Wire Instructions Form: Complete this form for outgoing wires.

Send the original account application paperwork, a copy of your photo identification, and a check for the account set-up fee to:

**IRA Express, Inc.
PO Box 9
Cedar City, Utah 84721-0009**

- When your account is established you will receive a welcome letter in the mail containing your account number.
- Account Transfers usually require 2 to 4 weeks to complete. Please contact your current custodian to expedite an account transfer.
- To initiate a Direct Rollover from an employer sponsored plan you will need to contact your plan administrator.

Please contact IRA Express at 888-328-8008 if you have any questions or need assistance with the account opening process.

Thank you for considering IRA Express for your self-directed retirement needs. We look forward to serving you!



Account Application

Traditional, Roth, SEP, & SIMPLE

PO Box 9
Cedar City, UT 84721
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Fax: 435-867-1042

Part 1 Account Owner Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LEGAL NAME (Last, First, Middle)				Account Number INTERNAL USE ONLY				
SOCIAL SECURITY NUMBER									
DATE OF BIRTH		OCCUPATION				TITLE			
LEGAL ADDRESS (Cannot be a PO Box)						PHONE			
CITY		COUNTY		STATE		ZIP		CELL	
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE						FAX			
CITY		COUNTY		STATE		ZIP		EMAIL	

Check the Appropriate Box to Indicate Your Marital Status

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED OR DIVORCED
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Part 2 Referral Source

How did you hear about us?

<input type="checkbox"/> INTERNET SEARCH	<input type="checkbox"/> IRA EXPRESS EMAIL	<input type="checkbox"/> PUBLIC MARKETING EVENT	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> PRESS RELEASE	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> CLIENT REFERRAL (ENTER NAME)					
<input type="checkbox"/> BUSINESS ASSOCIATE REFERRAL (ENTER NAME)				<input type="checkbox"/> PROMOTIONAL CODE: _____	

Part 3 New Account Information

Choose the type of account you would like to open

<input type="checkbox"/> TRADITIONAL IRA <input type="checkbox"/> ROTH IRA	<input type="checkbox"/> SEP IRA <i>Please attach the last page of the IRA Express SEP IRA Agreement and Disclosure</i> Employer Name: _____	<input type="checkbox"/> SIMPLE IRA <i>Please attach the last page of the IRA Express SIMPLE IRA Agreement and Disclosure</i> Employer Name: _____	<input type="checkbox"/> BENEFICIARY IRA <i>Account will be titled: Your Name, b/o Deceased Name</i> Original IRA Holder's Name: _____
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Part 4 Account Notifications & Options

Would you like to have online access to your account statements? <input type="checkbox"/> Yes (Account statements will be mailed annually) <input type="checkbox"/> No	Would you like to receive email notifications regarding changes to your account? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Part 5 Funding Information

How will you be funding your account?

<input type="checkbox"/> Annual Contribution \$ _____ Year: _____	<input type="checkbox"/> IRA Transfer Transfer from an existing IRA or Employer Sponsored Plan. \$ _____	<input type="checkbox"/> Rollover Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan. \$ _____	<input type="checkbox"/> Direct Rollover Rollover from an Employer Sponsored Plan \$ _____
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Account Application

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Part 6 Beneficiary Information *(If needed, please use a Beneficiary Designation Form to add more beneficiaries.)*

I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate.

If I named a Beneficiary which is a Trust, I understand that I must supply a copy or abstract of the Trust.

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

PART 7 SPOUSAL CONSENT *(Only required if your spouse is not named the primary beneficiary)*

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

- A. Your spouse is not the sole primary beneficiary named and;
- B. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, or WI)

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

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

Spouse Signature _____ Date _____



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PART 8 Appointment of Custodian, Investment Direction, and Important Disclosures

Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment. I appoint the institution as shown on the account agreement, provided separately, as the Custodian of my Account ("Custodian"), and understand that the Custodial Account Agreement and my Application comprise my agreement with the Administrator and Custodian as defined in the account agreement. The Administrator may change custodians to any institution permitted by law or by the undersigned. Written direction shall be construed so as to include facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information. I acknowledge that I have received a copy of the Plan Agreement, Disclosure Statement and appropriate Financial/Fee Disclosures. I understand that the terms and conditions, which apply to this Account, and are contained in these documents. I agree to be bound by those terms and conditions. If this is an IRA, I understand that within seven (7) days from the date that I submit this paperwork to the Administrator, I may revoke it without penalty by mailing or delivering a written notice to the Administrator.

Responsibility for Tax Consequences. I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my Account. I am authorized and of legal age to establish this Account and make investment purchases permitted under the Plan Agreement offered by the Custodian. I assume complete responsibility for: 1) Determining that I am eligible for an Account transaction that I direct the custodian to make on my behalf; 2) Insuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including rollover contributions and distributions).

I certify under penalties of perjury:

1) that I have provided you with my correct Social Security or Tax I.D. Number; and 2) that I am not subject to backup withholding because: a) I am exempt from backup withholding; or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so, or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until such time as I change or revoke the designation, I hereby instruct the Custodian to follow the investment directions which I provide to Administrator in investing and reinvesting the principal and interest, as confirmed by direction letters to Administrator from the undersigned, for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party, Administrator, or by the undersigned. Written direction shall be construed so as to include facsimile signature.

The account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization Custodian and Administrator may act solely on the written instruction, designation or representation of the Account holder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my account and/or in connection with any action taken in reliance upon my written instructions,

designations and representations, or in the exercise of any right, power or duty of Custodian and/or Administrator, its agents or assigns. Custodian and/or Administrator may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision. Custodian and/or Administrator have no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income.

In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian is named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be any default with regard to this investment. I understand that no one at the Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of the Administrator's and/or Custodian's policy. For purposes of this disclosure, the terms Administrator and Custodian include IRA Express, Inc., its agents, assigns, joint ventures, affiliates and/or business associates.

In executing transfers, it is understood and agreed that I will not hold Custodian and/or Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor Custodian and Administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian or Administrator.

If any provision of this Application is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Not Responsible for Market Condition Variances: I understand that I have agreed and instructed the Custodian to follow the investment directions which I provide to Administrator in investing the principal, as confirmed by written direction letters or instructions to Administrator from the undersigned for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. I further understand that some transactions that I may direct or instruct Administrator to complete, especially commodities such as precious metals, that may be dependent upon the operation of global markets and entities, there could be fluctuations in price and condition of said investments from the time that I issue a direction letter to Administrator and the time when the transaction can actually be completed and recorded in my Account. I hereby agree to release, indemnify, defend and hold Administrator and Custodian harmless from any claims regarding the fluctuation in prices and/or conditions of any transaction I direct or instruct Administrator to make on my behalf. I further 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 investment that I direct or instruct Administrator to make from the time I deliver my direction or instruction letter to Administrator until the time the transaction is actually completed and recorded to my Account.



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PART 8 Appointment of Custodian, Investment Direction, and Important Disclosures *(Continued)*

I understand that this hold harmless and release shall apply equally to the Administrator and Custodian.

Important Information for Opening a New Account. To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government- issued identification (e.g., driver license or passport). The copy must be readable so we can verify the client's name, driver's license number, etc.

Our Privacy Policy. You have chosen to do business with the Custodian and Administrator named on this application. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect. We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share. We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian and administrator have agreed to the custodian and administrator's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security. We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Administrator reserves the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy or the other information and disclosures listed previously, please contact us at the address and or telephone number listed on this application

PART 9 Account Owner Signature and Acknowledgement

I acknowledge receipt of a Fee Disclosure and receipt of the Account Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. I understand that failure to submit a signed Fee Disclosure will result in fees "based on value of assets" (See "Fee Disclosures.").

The Custodian has delegated certain Custodial Account recordkeeping and administrative functions to IRA Express, Inc., a Utah Corporation, as the Administrator of your self-directed retirement account.

I understand that I may change or add beneficiaries at any time by completing and delivering the Beneficiary Form to the Administrator.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I acknowledge I have read the fee disclosure, the account agreement and account disclosure statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. If you would like to give permission to another individual to access your account information (such as your spouse or other individual), you will need to complete the Limited Power of Attorney form or Interested Party Designation form. PLEASE PRINT, SIGN AND SUBMIT THIS FORM TO IRA EXPRESS.

SIGNATURE	DATE
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Fee Schedule Precious Metals

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

Part 1 Account Owner Information

NAME (as it appears on your account application)	ACCOUNT NUMBER	ACCOUNT TYPE			
		<input type="checkbox"/> TRADITIONAL IRA	<input type="checkbox"/> ROTH IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
EMAIL ADDRESS		DAYTIME PHONE NUMBER			

Part 2 Administrative & Transaction Fees

Annual Record Keeping Fee <i>Annual Record Keeping fees are paid in full at the time of account establishment and then divided into four quarterly payments each following year due January 1st, April 1st, July 1st, and October 1st. Annual Record Keeping Fees are not prorated.</i>	\$150
Depository Storage Fees <i>There are numerous depositories that specialize in domestic and international storage and safekeeping of precious metals. Please note that any depository storage fees associated with your precious metals IRA will be charged to your account.</i>	<i>Please reference your depository election form for fees charged by the depository.</i>
Account Establishment Fee	\$50
Purchase or Sale of any Precious Metals asset	\$0
Cashiers or other official bank check	\$30
Returned items of any kind and stop payments, per item	\$30
Checks issued from your account or bills paid from your account, per item	\$5
Roth Conversion of Account or Recharacterization	\$50
Overnight mail delivery	\$30
Wire transfers, incoming and outgoing	\$25
Special Services, such as research of closed assets or accounts, legal research, or special handling of transactions	\$150 per hour
Partial or Full Termination, including transfers of assets from your account to anyone, is 0.50% of the asset value of the amount transferred, plus sale transaction charges for each asset. This includes lump sum distributions, but does not include required minimum distributions. Minimum fee for this service is \$150 and maximum fee for this service is \$350. Annual Administration and Record Keeping Fees are not prorated when an account closes.	

Part 3 Payment of Fees

How would you like to pay your account fees?

Record Keeping and Administrative Fees	<input type="checkbox"/> PAY BY CREDIT CARD	<input type="checkbox"/> DEDUCT FEES FROM MY IRA EXPRESS ACCOUNT
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Part 4 Credit Card Information

Please complete this section if you would like to pay your fees by credit card.

CARD TYPE (choose one):	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
NAME AS IT APPEARS ON YOUR CARD	CARD NUMBER	SECURITY CODE		
EXPIRATION DATE	BILLING ADDRESS			
CITY, STATE, ZIP				
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		



Fee Schedule Precious Metals

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Part 5 Signature

If no preference indicated, fees will be debited from your IRA Express Account. Annual Recordkeeping and Administration Fees are charged for all or any portion of each year during which the account is in existence. If you terminate your account during a year, you will still owe the annual fee for that entire year. These fees are charged on the basis of the year beginning on the date when your account is established, and each anniversary of that date. Annual record keeping fees are not pro-rated when an account closes.

Custodial Administration Fee: We receive a fee equal to the income generated from undirected cash held by the custodian in a deposit or product of an FDIC insured institution, if any. The custodian of your account is entitled to this fee under the section titled "Custodian's Fees and Expenses" of your IRA Custodial Account Agreement (reference Section 8.07 if you have a Traditional IRA), and has assigned this fee to IRA Express for services relating to the investment of undirected cash.

Termination: If you incur a termination of your account, we will charge a termination fee of 0.50% of your account value to a minimum of \$150 and a maximum of \$350, plus the applicable transaction fee (non-real estate or real estate, as applicable) for each asset that is sold. A transfer of assets from your Account to a third party, including to another individual retirement account for your benefit, is considered a termination for purposes of the imposition of this fee. A lump sum distribution is considered a termination for purposes of the imposition of this fee. However, a distribution after your attainment of age 70-1/2 or disability or death is not considered a termination, and is not subject to the termination fee.

Collection of Fees and Charges: Account fees and charges, as described above, are charged in advance or in connection with the applicable services and events, and are at no time refundable. We generally bill and collect fees and charges quarterly, based on your account establishment date. These fees and charges are normally withdrawn from your undirected cash funds balance, unless they have been actually paid directly by you.

Late payment fees: The lesser of 1.5% per month (18% annum) or the maximum allowable under applicable law. If there is insufficient undirected cash in your account, we will liquidate other assets to pay for such fees and charges, after giving you 30 days' notice of our intention to do so. Reregistration of assets plus expense of transfer agents when applicable is \$100. IRA Express, Inc. shall have no liability for any adverse tax or other financial consequences as a result of applying account cash and liquidating other account assets to cover the fees and charges. IRA Express, Inc. reserves the right to sell any past due receivables to a collection and credit reporting agency.

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

PRINT NAME:

SIGNATURE

DATE



Account Transfer Form

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

Part 1 Account Owner Information

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

Part 2 Account Information and Compatibility

You must transfer to a compatible type of an account. Please contact IRA Express if you have questions regarding account compatibility.

Account Type Being Transferred	Transferring to IRA Express Account Type
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA

Part 3 Current Custodian Information

Please include a copy of your current statement for the account that is being transferred.

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

Part 4 Transfer Instructions

- If you would like to transfer your full account as cash please contact your current Trustee/Custodian to initiate the liquidation process.
- The term "liquidate all assets and transfer proceeds" will result in all assets being sold and the cash proceeds being forwarded to IRA Express.
- A transfer "in-kind" refers to the re-registration of physical assets from the prior Trustee/Custodian's name to IRA Express.
- If you are only performing a partial transfer to your IRA Express account please list all assets to be liquidated or transferred in-kind in the spaces provided and mark the appropriate box.
- Please include a copy of a recent statement (dated within 6 months) from your current Trustee/Custodian.

Type of Transfer: (check one)

<input type="checkbox"/> FULL TRANSFER <i>Please Liquidate all assets and transfer the proceeds to IRA Express, Inc. as agent for Custodian for the benefit of [Client's Name and IRA Number].</i>	<input type="checkbox"/> TRANSFER ALL ASSETS IN-KIND <i>Please transfer all assets in-kind to IRA Express, Inc. as agent for Custodian for the benefit of [Client's Name and IRA Number].</i>	<input type="checkbox"/> PARTIAL TRANSFER <i>Please transfer the following assets described below to IRA Express, Inc. as agent for Custodian for the benefit of [Client's Name and IRA Number].</i>
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PARTIAL TRANSFERS ONLY Description of Assets (cash, real estate, LLC, etc.)	QUANTITY (All, # of shares, or Value)	INSTRUCTIONS (Please check on box per asset)
1.		<input type="checkbox"/> CASH ONLY
2.		<input type="checkbox"/> LIQUIDATE or <input type="checkbox"/> IN-KIND
3.		<input type="checkbox"/> LIQUIDATE or <input type="checkbox"/> IN-KIND
4.		<input type="checkbox"/> LIQUIDATE or <input type="checkbox"/> IN-KIND
5.		<input type="checkbox"/> LIQUIDATE or <input type="checkbox"/> IN-KIND

Part 5 Delivery Instructions

How would you like your current trustee/custodian to deliver your assets to IRA Express?

<input type="checkbox"/> INCOMING WIRE TRANSFER	<input type="checkbox"/> BY CHECK MAILED TO IRA EXPRESS
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Account Transfer Form

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Part 6 Account Owner Signature and Acknowledgement

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

Medallion Signature Guarantee Stamp

SIGNATURE

DATE

FOR OFFICE USE ONLY - Acceptance of Receiving Custodian

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

IRA Express, Inc., as agent for Custodian, Mainstar Trust:

AUTHORIZED SIGNATURE, IRA EXPRESS, INC.: _____ DATE: _____

Regular Mail Delivery Address	Overnight Mail Delivery Address	Incoming Wire Transfer Information
IRA Express, Inc. as Agent for Custodian FBO [Account Holder Name and Account #] PO BOX 9 CEDAR CITY, UTAH 84721	IRA Express, Inc. as Agent for Custodian FBO [Account Holder Name and Account #] 2975 W. EXECUTIVE PKWY, #199-122 LEHI, UTAH 84043	PLEASE REFERENCE THE ENCLOSED WIRING INSTRUCTIONS



Rollover/Direct Rollover Certification Form

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
SOCIAL SECURITY NUMBER	PHONE	LEGAL ADDRESS
CITY, STATE, ZIP		

Part 2 Previous Custodian's Information

☐ Please check here if your rollover is from your IRA Express account mentioned above.

CUSTODIAN NAME		PREVIOUS CUSTODIAN'S ACCOUNT NUMBER
CONTACT NAME	PHONE	ADDRESS
CITY, STATE, ZIP		

Part 3 Indicate the type of plan you are rolling over from

☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ OTHER (PS, MP, DB, 401(k), 457) _____

Part 4 Verify that you are eligible to perform this transaction (select one)

I am an eligible person to perform this transaction:				
<input type="checkbox"/> PLAN PARTICIPANT	<input type="checkbox"/> SPOUSE BENEFICIARY OF ACCOUNT	<input type="checkbox"/> NON-SPOUSE BENEFICIARY OF ACCOUNT	<input type="checkbox"/> EX-SPOUSE OF ACCOUNT DUE TO DIVORCE OR LEGAL SEPARATION	<input type="checkbox"/> RESPONSIBLE INDIVIDUAL

Part 5 Type of asset(s) to be rolled over

To rollover CASH, please follow the instructions below and contact our office if you are in need of wiring instructions	
Amount: \$	Please make checks payable to: IRA Express, Inc. as agent for Custodian FBO (Your Name & IRA Number)

To rollover INVESTMENTS (private stock, real estate, LLCs, notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description	Value
Total Value:	
<input type="checkbox"/> DELIVERY INSTRUCTIONS ARE ATTACHED	<input type="checkbox"/> CURRENT STATEMENT IS ATTACHED



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Part 6 Account Owner Signature and Acknowledgement

Please note: Your current plan may require additional documentation. Most employer sponsored plans (PS, MP, DB, 401(k), 457 plans) require direct rollover paperwork to be filled out internally before allowing a rollover from their employer sponsored plan. Please contact the plan administrator of your plan for more information.

Please read the following statement carefully.

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of IRA Express Account Application. I understand the rules and conditions applicable to a (check one) ☐ Rollover ☐ Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and I authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-directed account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator and/or Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at IRA Express has authority to agree to anything different than my foregoing understandings of IRA Express policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets as a rollover contribution. By signing this form, I certify that I am completing this rollover within:

- A. 60 calendar days following the day I received the assets, I have not performed a rollover from an IRA within the last 12 months, and that this rollover DOES NOT contain my Required Minimum Distribution.
- B. If am a non-spouse beneficiary, this is a direct rollover from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

I have read and understand the disclosure above

SIGNATURE	DATE
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Deposit Coupon

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 account application)	IRA EXPRESS ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		PHONE NUMBER

Part 2 Deposit Information

Deposits should be made payable to: IRA Express, Inc. FBO [Your Name & Account Number]

Reason for Deposit (select one)

<input type="checkbox"/> INCOME FROM ASSET	<input type="checkbox"/> CONTRIBUTION TAX YEAR: <i>If a tax year is not indicated the contribution will be treated as a current year contribution</i>
DOLLAR AMOUNT \$	ASSET DESCRIPTION

For deposits from loan payments:

LOAN NUMBER	INTEREST AMOUNT	PRINCIPAL AMOUNT	DATE
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Deposit Method (select one)

<input type="checkbox"/> CHECK	SENDER'S NAME
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<input type="checkbox"/> WIRE or <input type="checkbox"/> ACH	
ORIGINATING BANK NAME	DATE SENT TO IRA EXPRESS
SENDER'S NAME	
REFERENCE	

Deposit Frequency

<input type="checkbox"/> ONE-TIME	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> OTHER:
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Part 3 Account Owner Signature

SIGNATURE	DATE
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