



P.O. Box 2526
 Waco, TX 76702-2526
 PHONE: 800-955-3434 (option 2), 254-751-1505 (option 2)
 FAX: 254-751-0872 / EMAIL: IRAServices@SterlingTrustCompany.com

Reset Form

1 ACCOUNT HOLDER INFORMATION

LEGAL NAME (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				INTERNAL USE BOX
PHYSICAL STREET ADDRESS (Required - No P.O. Box)				
CITY	COUNTY	STATE	ZIP CODE	ACCOUNT TYPE <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP (5305 form required)
MAILING ADDRESS (If different from above - P.O. Box may be used)				
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	COUNTRY OF CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> Other _____		
EMAIL ADDRESS (Important - to notify you of information pertaining to your IRA) ¹				
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER		
<input type="checkbox"/> Check box if this is a beneficiary account you have inherited from another individual		<input type="checkbox"/> Check box if the account owner is a minor		

2 EXPEDITED PROCESSING (OPTIONAL)

Expedited Processing Service* (\$50.00)

Expedited processing requests will generally be completed in approximately 1 business day unless corrections are required.
 *Although the feature does not guarantee same day service, it does guarantee that your request will be processed before other non-expedited requests.

Payment Information (select one)

Check enclosed (payable to Sterling Trust)

Credit Card: Mastercard Visa Card Number _____ Expires: (MM/YYYY) ____ / ____

3 BENEFICIARY DESIGNATION

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 prorata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

Beneficiary Designation: I understand that I may change or add Beneficiaries at any time by completing and delivering Sterling Trust's *Change of Beneficiary form* to Sterling Trust. If you designate a trust as the beneficiary, please provide a copy of the trust. Named Beneficiaries may only be U.S. Citizens or non-U.S. Citizens that have obtained a substitute tax identification number or social security number.

Name (first, middle, last)	Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship	Primary or contingent	Country(ies) of Citizenship	Share %
1.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community² or marital property state and the IRA holder 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 *Change 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 below.

CONSENT OF SPOUSE: I am the spouse of the aforementioned IRA holder. 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 holder 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 the Custodian.

 Signature of Spouse Date Signature of Witness Date

FOR STERLING TRUST USE ONLY
 Account Number _____ Event Code _____ Tracking Code _____



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5 SELECT YOUR FEE SCHEDULE (See IRA Fee Schedule for specific details)

Choose the fee schedule that best fits your needs, based on the investment(s) you plan to hold. If no selection is made, Sterling Trust will default to the Flex IRA fee schedule. Your Annual Fee will be determined each year based on the type(s) of investment(s) held. Refer to Sterling Trust's IRA Fee Schedule for specific details.

- Precious Metals IRA Basic IRA Flex IRA

6 FEES (Please refer to the Fee Schedule on the final page of the IRA Custodial Account Agreement and Disclosure Statement)

NEW ACCOUNT FEE OPTIONS* (select one)	SUBSEQUENT ANNUAL MAINTENANCE AND SPECIAL SERVICES FEE OPTIONS (select one)
<p>How would you like to pay your account set-up and first year's maintenance fees?</p> <p><input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit/Debit Card** <input type="checkbox"/> Deduct from Transfer</p> <p>I acknowledge that Sterling Trust will calculate and charge the fees due according to the Annual All Inclusive Fee Schedule. See the final page of the IRA Custodial Account Agreement and Disclosure Statement for the appropriate fee schedule.</p> <p><i>*If no option is chosen, New Account Fees will be deducted from account once money has been deposited.</i></p> <p>**Section 7 must be completed.</p>	<p>Maintenance Fees are billed annually and can be paid by the following options:</p> <p><input type="checkbox"/> Debit IRA Account - Please deduct my annual maintenance fee from my IRA Cash Account (account must have liquid assets)</p> <p><input type="checkbox"/> Invoice me annually at: (Choose from one of the two options below)</p> <p> ___ Account Holder's address</p> <p> ___ Following address:</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <p>If no option is chosen above, Sterling Trust will assume automatic withdrawal of Annual Fees and any other applicable fees from the Account. The Account Holder will be responsible for any unpaid fees should the Account be illiquid or have insufficient funds to cover all fees. Sterling Trust will charge a late fee for every 30-day period that account fees are past due.</p>

7 CREDIT CARD INFORMATION (Required)

NAME OF CARDHOLDER (as stated on front of card)		CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	
BILLING ADDRESS	CITY	STATE	ZIP CODE
CREDIT CARD NUMBER		EXPIRATION DATE (mm/yyyy)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
My signature below acknowledges that I have read and agree with Paragraph 8.04 or 9.04 of the IRA Custodial Account Agreement and Disclosure Statement.			

8 CHOOSE ANY OPTIONAL AUTHORIZATIONS ON YOUR STERLING IRA ACCOUNT

THE FOLLOWING SELECTIONS ARE OPTIONAL FEATURES AVAILABLE ON YOUR STERLING IRA. SELECT ONLY THE ITEM(S) YOU WISH TO AUTHORIZE OR NOT AUTHORIZE.

Interested Party Designation: I authorize Sterling Trust to release information to the following person regarding my account including copies of quarterly statements or other written, verbal, or electronic communications. I understand that Sterling Trust will not accept transaction instructions from this individual. (Please leave blank if you do not wish to have an Interested Party designated for your account.)

INTERESTED PARTY NAME	PHONE	FAX	
ADDRESS	CITY	STATE	ZIP CODE
INTERESTED PARTY'S RELATIONSHIP TO YOU:		EMAIL ADDRESS	
Is this individual a:		<input type="checkbox"/> Financial Advisor <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Financial Planner <input type="checkbox"/> Broker <input type="checkbox"/> Investment Sponsor <input type="checkbox"/> Other, please describe: _____	

Telephone Authorization: I authorize Sterling Trust to honor telephone transaction requests from me or my Representative (if I have designated one) for my Account. My Social Security Number will be required as verification before any request will be accepted. I understand and agree that Sterling Trust will not be liable for any loss, expense or cost arising out of any request affected hereunder. (Note: This authorization applies only to investment directions given to Sterling Trust. It does not automatically authorize telephone exchange or redemption privileges for any investment.)

Telephone Authorization Automatically Applies To Your Account.

Check this box only if you do not want telephone authorization on your account.



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9 OPTIONAL REPRESENTATIVE DESIGNATION

Please complete the information and sign below only if you wish to authorize your financial advisor, broker, financial planner, or other person of your choice as your Representative on your Account. Before you appoint a Representative on your Account, you should understand that your Representative:

- is authorized to give investment directions on your behalf to Sterling Trust,
- will have unlimited access to your Account information, and
- will receive copies of your Account statements and other correspondence.

By my signature below, I choose to appoint the person(s) shown below as my Representative on my Sterling Trust ("Sterling") Account for the purpose of communicating investment directions to Sterling and receiving information on my Account, in accordance with this Section, Section 8.03 of Sterling's Terms of Sterling Trust Individual Retirement Custodial Account, and Sterling's Disclosure Statement. I further acknowledge that:

1. I understand that my Representative is my authorized agent and is not in any way an agent, employee, or representative of Sterling.
2. I understand that my Representative may be a registered representative of a broker dealer organization, a financial advisor or other person that I deem acceptable.
3. I understand that Sterling has not made and will not make any recommendation or investigation with respect to my Representative, nor does Sterling Trust compensate my Representative in any manner.
4. I understand that I may appoint and/or remove my Representative at any time by delivering my written notice on a form acceptable to Sterling. If I remove my Representative, I understand that such removal shall not have the effect of canceling any notice, instruction, direction or approval received by Sterling from my removed Representative before Sterling receives my notice of removal.
5. I instruct Sterling to pay for or receive payment from security or other investment transactions communicated by my Representative as shown below, as indicated by broker confirmations of trade or other requests for payment received by Sterling.
6. I understand that it is solely my responsibility to direct my Representative to execute trades or other investments for my Sterling Account, and all instructions, directions, and/or confirmations received from my Representative, his agent(s), or his broker dealer, whether written or oral, shall be assumed by Sterling to have been authorized by me.
7. Without limitation, I agree to indemnify and hold Sterling harmless for any loss or breach of any kind which may result from any action or inaction that it takes or omits in good faith in accordance with, and in its reliance upon, any certificate, notice, confirmation, instruction, or other written or oral (if so elected) communication purporting to have been delivered at my direction on behalf of my Account by my Representative or brokerage firm.

SIGNATURE OF ACCOUNTHOLDER:		DATE:	
REPRESENTATIVE NAME:		REPRESENTATIVE LICENSE NUMBER:	
REPRESENTATIVE ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL ADDRESS:	
FIRM NAME:			
FIRM ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:			
FIRM AUTHORIZED SIGNATURE (IF REQUIRED BY DEALER):			DATE:
REPRESENTATIVE'S RELATIONSHIP TO YOU:			
Is this individual a: <input type="checkbox"/> Financial Advisor <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Financial Planner <input type="checkbox"/> Broker <input type="checkbox"/> Investment Sponsor <input type="checkbox"/> Other, please describe:			



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Reset Form

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME		ACCOUNT # ASSIGNED BY STERLING TRUST	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY DAYTIME PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

If you have not previously established a Sterling Trust account to receive your transfer, you must include an account application with this form.

2 WHERE ARE FUNDS CURRENTLY HELD?

NAME OF PRESENT TRUSTEE or CUSTODIAN	ACCOUNT NUMBER	ESTIMATED TRANSFER VALUE \$	
STREET ADDRESS*	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (please include area code)	FAX*		

* Contact your previous Trustee/Custodian to confirm the address where transfer paperwork should be sent and/or if faxed copies are acceptable.

COPY OF MOST RECENT STATEMENT IS REQUIRED FROM ACCOUNT BEING TRANSFERRED

3 ACCOUNT COMPATIBILITY

If you aren't sure if your accounts will be compatible, please visit our website at www.SterlingTrustCompany.com for assistance.

<p>Account Type Being Transferred:</p> <input type="checkbox"/> Traditional <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth <input type="checkbox"/> Qualified Plan <input type="checkbox"/> SEP <input type="checkbox"/> Qualified Plan - Roth		<p>To Sterling Trust Account Type:</p> <input type="checkbox"/> Traditional <input type="checkbox"/> SEP <input type="checkbox"/> Roth <input type="checkbox"/> SIMPLE
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Check here if this is an inherited IRA

4 PROCESSING PREFERENCE (Choose how you would like this form processed and sent to your current Trustee/Custodian.)

EXPRESS TRANSFER SERVICE* (\$50.00)

Express Transfer Service:

(recommended if you already have an investment in mind):

- We will review the transfer form the same day it is received at Sterling Trust.
- Wire fee waived if receiving funds by wire.
- Frequent follow-up calls will be placed to your current Trustee/Custodian to check on transfer status
- As we receive updates you will be contacted immediately if needed

**Although the feature does not guarantee same day service, it does guarantee that your request will be processed before other non-expedited requests*

NORMAL PROCESSING SERVICE (NO CHARGE)

OVERNIGHT MAIL SERVICE

- Your transfer forms and statement will be sent overnight to your previous Trustee/Custodian.
- Physical address must be provided, cannot overnight to P.O. Box

USE ATTACHED Pre-Addressed Airbill

SEND OVERNIGHT VIA 3RD PARTY BILLING

FedEx UPS

Account #

Zip Code

NOTE: Funds must be available for processing fees.



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Account Number _____

5 PAYMENT INFORMATION Reset Form

How would you like to pay for any service-related fees associated with this transaction? By checking the credit card box, you authorize Sterling Trust to charge this card for all service-related fees associated with this transaction.

Choose a payment method:

Deduct Fees from Account Check Enclosed Credit Card: MasterCard VISA Exp Date (MM/YYYY) _____
 Card Number _____

6 TRANSFER INSTRUCTIONS FOR CURRENT TRUSTEE/CUSTODIAN

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

Type of Transfer: (Check One)	<input type="checkbox"/> Full Transfer Liquidate* all assets and transfer as cash	<input type="checkbox"/> Full Transfer Transfer all assets in-kind	<input type="checkbox"/> Partial Transfer
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PARTIAL TRANSFER ONLY
 Assets (list below)

	Qty	Value \$
1. _____		
2. _____		
3. _____		
4. _____		

*For all liquidation requests, contact your current Trustee/Custodian to initiate the liquidation process.

7 INSTRUCTIONS FOR DELIVERY (Choose how you want your current Trustee/Custodian to deliver your assets to Sterling Trust.)

Funds available immediately upon receipt <input type="checkbox"/> Incoming Wire Transfer (Included in Express Transfer Service) <input type="checkbox"/> Cashier's Check	Funds may not be available for up to 5 business days after receipt. <input type="checkbox"/> Regular Check
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Please send Check/Reregistration as follows (check one):

<input type="checkbox"/> First Class Mail <input type="checkbox"/> Overnight delivery* and charge my account the \$25.00 overnight fee	<input type="checkbox"/> Send Overnight via 3RD Party Billing: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Zip Code _____ Account # _____
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*Physical address must be provided, cannot overnight to P.O. Box

8 SIGNATURES FOR SELF-DIRECTED IRAs

- A notary public CANNOT provide a Medallion Signature Guarantee.
- A signature guarantee can be obtained from your bank.
- If your current Trustee/Custodian does not require a Medallion Signature Guarantee, you can simply sign and date this form.

I certify that I have established or will establish a Self-Directed IRA with the Custodian/Trustee named below. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers and I agree to indemnify and to hold the Custodian/Trustee harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional for advice.

Signature of IRA Holder _____ Date _____

Authorized Officer to Place "Medallion Signature Guarantee" Stamp Here

LETTER OF ACCEPTANCE - (FOR OFFICE USE ONLY)

Equity Trust Company, d.b.a. Sterling Trust ID # 05-0552743 accepts the appointment as successor Custodian on behalf of the depositor and requests the transfer and/or liquidation of assets as instructed above.

Authorized Signature, Sterling Trust: _____ Date: _____/_____/_____