The Entrust Group
Self-Directed Retirement Plan Services

Precious Metal IRA Application

Entrust Arizona, LLC
20860 N. Tatum Blvd., Ste 240
Phoenix, AZ 85050
(P) 480-306-8404 (F) 480-306-8408

This is a fill in PDF form. To complete the application, click in an area and type. For the latest version of Adobe Acrobat Reader, visit the Adobe Acrobat web site located at http://www.adobe.com/products/acrobat/readstep2.html and download Acrobat Reader for free.

For Office Use Only:
Retirement Account Administrator: Entrust Arizona, LLC Workshop Code: _____
Client account number: _____ Expiration Date: _____
An account number will be assigned by the administrator and will be mailed to you.

1. Personal Information

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

Date of birth *(M/D/Y)*

Social Security Number *(Required)* ☐☐☐ — ☐☐ — ☐☐☐☐

Phone (____)_____
Fax (____)_____
Cell (____)_____

Legal Name *(Required)* _____

Legal Address *(Required)* _____

City, State, Zip _____

Mailing Address *(Optional)* _____

City, State, Zip _____

Occupation: _____

Title: _____

Please indicate the COUNTY where you live: _____

Check the appropriate box to indicate Marital Status:

☐ Single ☐ Married (see Consent of Spouse) ☐ Widowed or Divorced

Would you like to review your statements online?	Would you like to receive email notifications of changes to your account?	Email address *If yes to either question, please provide your email address.*
☐ Yes ☐ No	☐ Yes ☐ No	

2. How did you hear about us?

☐ Internet ☐ Advertisement ☐ Article ☐ Television ☐ Radio ☐ Other _____ ☑ Referred by ScottsdaleSilver&Gold,

3. What type of account would you like to open?

Check	Account Type		Name Required
☐	Traditional IRA		
☐	Roth IRA		
☐	Beneficiary IRA ☐ Trad ☐ Roth ☐ SEP ☐ SIMPLE	Original IRA Holder Name:	
☐	SEP IRA *(please attach employer plan documents)*	Employer Name:	
☐	Simple IRA *(please attach employer plan documents)*	Employer Name:	
☐	Health Savings Account	Check One:	☐ Self-only coverage ☐ Family coverage
☐	Coverdell Savings Account	Depositor Name:	*Name:*

Additional information required if Coverdell Savings is selected:

Parent/Legal Guardian *(If different from above)*

*Name:*_____ *DOB:*_____ *SSN:*_____
*Address:*_____ *Phone:*_____

The Responsible Individual ☐ shall ☐ shall not continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority pursuant to section 5.02 of the Custodial Agreement.

The Responsible Individual ☐ may ☐ may not change the beneficiary designated under this Custodial Agreement pursuant to section 6.01 of the Custodial Agreement.
Note: The Responsible Individual may be the Depositor, but generally must be a parent or legal guardian of the Designated Beneficiary.

Minor Information:

*Name:*_____ *DOB:*_____ *SSN:*_____
*Address:*_____ *Phone:*_____

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4. How would you like to fund your account?

☐ Annual Contribution	☐ Transfer Contribution	☐ Rollover Contribution	☐ Direct Rollover Contribution
Year contribution for:_____ Current or prior year contribution to your plan	*Transfer from existing IRA or Employer Sponsored Plan.*	*Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan .*	*Rollover from Employer Sponsored Plan.*

5. Who are your beneficiaries?

Account Holder/:_____*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.*

☐ Primary
☐ Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

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

☐ Primary
☐ Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

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

☐ Primary
☐ Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

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

☐ Primary
☐ Contingent

Name: _____ SSN: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Share: _____ %

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

6. Account Owner Signature

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

Signature of Participant: _____ **Date:**_____

7. Spousal Consent *(only required if your spouse is not the primary beneficiary-see note below).*

The consent of spouse must be signed only if all of the following conditions are present:
a. Your spouse is living;
b. Your spouse is not the sole primary beneficiary named and;
c. 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 property 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 _____

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.) Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Administrator disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

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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 disclosure, 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, shown in this application. 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 open this Account, I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

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. For purposes of this paragraph, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

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 paragraph, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

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.

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 or state issued ID number. If a copy of a valid drivers license or an unexpired state issued ID card cannot be obtained, we will contact the client by telephone to verify their name, address, date of birth, and social security number.

Our Privacy Policy
You have chosen to do business with the custodian and administrator named on your account 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 custodian reserves the right to revise this notice and will notify you of any changes in advance.
If you have any questions regarding this policy, please contact us at the address and or telephone number listed on this application.

I acknowledge receipt of a signed 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.").

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 MAIL THIS FORM TO YOUR ENTRUST OFFICE. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.***

Account Owner's Signature: _____ **Date:** _____

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