New 401k Account Checklist

Thank you for choosing American IRA, LLC!

Enclosed are the forms required to establish and fund your retirement account with American IRA, LLC.

Step 1:
To open your 401k with American IRA, LLC we will need:
- **Account Application** (Complete all pages)
- **Photo ID** (submit a copy of your driver’s license, passport, or valid government-issued photo ID)

Once you’ve completed all required forms, send to:
- **By Mail:** American IRA, LLC -135 Broad Street, Asheville NC 28801
  - Overnight: American IRA, LLC -135 Broad Street, Asheville NC 28801
- **By Fax:** (828) 257-4948
- **By Email:** NewAccounts@AmericanIRA.com

Step 2:
Fund your account
- **Transfer Form:** Use this form to transfer funds from your existing 401k to your new 401k. Please note that your existing 401k custodian may require a Medallion Guarantee Stamp, which is much like a notary seal. Check with your bank to obtain this stamp.
- **Rollover/Direct Rollover Form:** This form documents the rollover of your cash or asset to your new 401k. You will need to contact your current provider to initiate the rollover.
  - A rollover contribution occurs when you take receipt of assets or cash for up to 60 days before reinvesting in a new retirement plan.
  - A direct rollover contribution occurs when you move assets or cash directly from your qualified retirement plan to a new retirement plan.

Step 3:
Read and keep the following forms for your files:
- **5305 Custodial Agreement** – is available online
- **Copy of Application**

Need Help? Call 1-866-7500-IRA(472) and a client services representative will assist you in opening your account today!
# New Solo 401k Plan Application

To initiate the account, please complete, sign and return:

- Plan Account Application
- Photocopy of your Government Issued ID (Patriot Act requirement)

## 1 Personal Information

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th>Birthdate: (mm/dd/yyyy)</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ______________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address: (Required)</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address: (Optional)</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Phone:</th>
<th>Mobile:</th>
<th>Would you like to receive text messages regarding your account?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current/Most Recent Occupation: (Required)</th>
<th>Title:</th>
<th>Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Single ☐ Married ☐ Widowed or Divorced</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Driver’s License Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 2 Adopting Information

Which type is adopting the plan?

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ LLC
- ☐ C Corp
- ☐ S Corp
- ☐ Other: _______________________

<table>
<thead>
<tr>
<th>Name Adopting Plan:</th>
<th>Company Tax ID or EIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 3 Trustee Information  Typically the business owner

<table>
<thead>
<tr>
<th>Physical Address: (Required)</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County:</th>
<th>Primary Phone:</th>
<th>Mobile:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Trustee:</th>
<th>Printed Name and Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4 Account Type

- ☐ 401k + Record Keeping
- ☐ 401k Plan Only

## 5 Account Funding

- ☐ Annual Contribution
- ☐ Transfer Contribution
  - Transfer from existing 401k.
- ☐ Rollover Contribution
  - Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan.
- ☐ Direct Rollover Contribution
  - Rollover from Employer Sponsored Plan. (401k, 403b, 457, TSP)

## 6 Notifications

- MINIMUM ACCOUNT BALANCE $1500
- All emails are sent encrypted for your safety.
- Statements will be e-mailed to all account holders on an annual basis.
- We, American IRA, LLC, will call you, the Account Holder, to verify and confirm any outbound movement of cash from your account when we receive instructions requesting to send funds from your account. We will call you at the telephone number on file for you.

How did you hear about us?

- ☐ Internet
- ☐ REIA Group
- ☐ CPA
- ☐ Attorney
- ☐ Advisor
- ☐ Other: _______________________

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Rev. 04/18

Corporate Headquarters: New Vision Trust Company, 401 E. 8th Street, Suite 200R, Sioux Falls, South Dakota 57103

Page 1 of 4
7 Interested Party Designation

I hereby authorize the following representative as interested party on my self-directed IRA. I understand this named representative will have access to my account details, balance, holdings and any other account related activity. Interested parties DO NOT have the ability to sign on your behalf or move funds in or out of your self-directed account. I also understand that this will remain in effect until revoked in writing.

<table>
<thead>
<tr>
<th>Name: (Individuals only)</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: (Individuals only)</td>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Name: (Individuals only)</td>
<td>Phone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Would you like the named interested party to be provided a login to view your account online? ☐ Yes ☐ No

8 Beneficiary Information

<table>
<thead>
<tr>
<th>Name (first, middle, last)</th>
<th>Address (including country of residence)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
<th>Country of Citizenship</th>
<th>Relationship</th>
<th>Primary or Contingent</th>
<th>Share %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Marital Status: ☐ I am not married – I understand that if I become in the future, I must complete a new Beneficiary Designation form. ☐ I am married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

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 name and;
c. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, LA, or NV)

I, the undersigned, am the spouse of the Custodial Account holder whose name is 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 Custodial Account. I acknowledge that I have received a fair and reasonable disclosure of my spouse’s property and financial obligations. I further acknowledge and consent to the above Designation of Beneficiary, other than myself, as the primary beneficiary. I also understand that, by signing this, I am giving up all, or part, of my rights to receive benefits under this plan in the event my spouse dies. I assume full responsibility for any adverse consequences that may result. I have been advised to seek the advice of an attorney and/or financial advisor prior to signing any documents and I have sought the advice of counsel and/or financial advisor or do hereby waive my right to do so. No tax or legal advice has been given to me by the Custodian and/or Administrator related to this matter.

Signature of Spouse: __________________________________________ Date: ______________________

Account Owner Signature

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, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. 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, if indicated). If I name a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

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

Account Holder Signature: __________________________________________ Date: ______________________

LEFT BLANK INTENTIONALLY
Custodian and Administrator: The Custodian for my Account will be New Vision Trust Company, a State Chartered South Dakota Trust Company, and the Administrator for my Account will be American IRA, LLC, a North Carolina Limited Liability Company. I understand that the Custodian may resign by giving me written notice at least 30 days prior to the effective date of such resignation. I understand that if I fail to notify the Custodian and/or Administrator of the appointment of a successor trustee or custodian within such 30 day period, then the assets held by the Custodian in my Account (whether in cash or personal property, wherever located, and regardless of value) will be distributed to me, outright and free of trust, and I will be wholly responsible for the tax consequences of such distribution.

My Account: This Agreement is solely for the custody of assets held in a single member 401K plan. This account is "Self-Directed" What does "Self-Directed" mean? Self-Directed means I, as the Holder of the Account, am solely responsible for the investment of all assets within my Account and giving Custodian and/or Administrator the directives to take any action on behalf of the Account. That means I am responsible for the selection, management, monitoring and retention of all investments held within my Account. The investments I select may involve a high degree of risk, and neither Custodian nor the Administrator, or any of their agents or employees, bears any responsibility for, nor assumes any liability for, my direct or indirect financial benefit from the fees I pay to New Vision Trust Company, a State Chartered South Dakota Trust Company or American IRA, LLC, a North Carolina Limited Liability Company. The Custodian for my Account will be New Vision Trust Company, a State Chartered South Dakota Trust Company and the Administrator for my Account will be American IRA, LLC, a North Carolina Limited Liability Company. I further understand that the Custodian neither sells nor endorses any investment products. I understand that if the Custodian were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such promoters and/or marketers are not in any way agents, employees, representatives, affiliates, partners, independent contractors, consultants, or subsidiaries of the Custodian, and that the Custodian is not responsible for the representations and warranties made by such promoters or marketers. The Custodian shall not be responsible for the selection, management, monitoring and retention of any investment. I shall be solely responsible for such decisions and the Custodian will not be under any obligation to extend credit to my Account or otherwise disburse any payment until such instructions and shall not be liable for any investment losses sustained by me under any circumstances. By performing services under this Agreement, the Custodian is acting as the agent of the Holder, and nothing in this Agreement shall be deemed to confer any rights, duties or responsibilities upon the Custodian or the Administrator of any liability, claims, damages, actions, costs, expenses (including, without limitation, all reasonable attorneys’ fees) arising from or related to the Custodial Agreement and/or Custodial Account, including but not limited to, losses to me and/or to my beneficiary(ies) as a result of any action taken (or omitted to be taken) pursuant to and/or in connection with any investment transaction directed by me, my agents, investment advisors and/or Designated Representative, whether, without limitation, due to valuation uncertainty or market volatility, or the Custodian’s failure to act within 30 days after receipt of instructions and/or to be in connection with the defense, contest, prosecution or satisfaction of any claim made, threatened or asserted pertaining to any investment or me, or my directed through the Custodian, including, without limitation, claims asserted by me, any state or federal regulatory authority or self-regulatory organization. In the event of claims by others related to my Account and/or investment wherein the Custodian is named as a party, the 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 reasonable attorneys’ fees, and costs and expenses (collectively “Litigation Costs”), incurred by the Custodian in the defense of such claims and/or litigation.

Prohibited Transactions: I understand that my Account is subject to the provisions of Internal Revenue Code (IRC) Section 4975, which defines certain prohibited transactions. I acknowledge and agree that neither the Custodian nor the Administrator will make any determination as to whether any transaction or investment in my Account is prohibited under sections 4975, 408(e) or 408A, or under any other state or federal law. I accept full responsibility to ensure that none of the investments in my Account will constitute prohibited transactions and that the investments in my Account comply with all applicable federal and state laws, regulations and requirements.

Responsibility for determining eligibility and tax consequences: I assume complete responsibility for (1) determining that I am eligible to make a contribution to my Account; (2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and (3) the tax consequences of any contribution (including a rollover contribution) and distributions.

Unrelated Business Income Tax: I understand that my Account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Taxable Income (UBTI) of tax-exempt organizations. I agree that if I direct and/or the Custodian and/or Administrator to make an investment in my Account which generates UBTI, I will be responsible for preparing or having prepared the required IRS Form 990-T tax return, an application for Employer Identification Number (EIN) for my Account, and all other documents that may be required, and to submit them on or before the due date for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Custodian and/or Administrator to execute the forms on behalf of my Account and to pay the applicable tax from the assets in my Account. I understand that the Custodian and the Administrator do not make any determination of whether or not investments in my Account generate UBTI; have no duty to determine whether or not investments in my Account will generate UBTI; and do not monitor whether or not my Account has incurred UBTI; and do not prepare Form 990

Unrelated Business Income Tax

Investment Funding Requirements: I understand and agree that I cannot make investments without having available liquid funds in my Account. In addition, if any investment contains provisions for future contractual payments or assessments, (including margin calls), I acknowledge and agree that such payments or assessments shall be borne solely by my Account to the extent such payment is authorized by me or my Designated Representative, and may reduce or exhaust the value of my Account. I further agree to indemnify Custodian and/or Administrator for any and all payments or assessments which may be required to satisfy such provisions. I further acknowledge and agree that I have no duty to guarantee any investment; that the Custodian and/or Administrator shall not be responsible for any decrease in the investment balance of my Account for any payment or assessment related to the investment. I agree that I am solely responsible for verifying that any bills to be paid from my Account, and accompanying payment instructions, have been received by Custodian and/or Administrator. I further agree that neither Custodian nor Administrator shall be responsible for late fees assessed by any third party where no adequate payment instructions have been received, or where the receipt of instructions or documentations has been delayed. Any funds received into a Custodian and/or Administrator Account which is made by check may be subject to a seven (7) business day clearing period before funds are available to invest. ALL NEW ACCOUNTS are subject to a seven (7) calendar day waiting period before any funds can be invested.
10 Fee Schedule

One-time Account establishment: $150 (paid upon initial application)

<table>
<thead>
<tr>
<th>401K Plan + Record Keeping: $585</th>
<th>401K Plan + Record Keeping: $750</th>
<th>40k Plan Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>• $95 transaction fee (Purchase/Sale of an Asset)</td>
<td>• Unlimited transactions (Purchase/Sale of an Asset)</td>
<td>• One-time fee</td>
</tr>
<tr>
<td>• Minimum Account Balance $1500</td>
<td>• Minimum Account Balance $1500</td>
<td>• You will be in charge of your record keeping</td>
</tr>
<tr>
<td>• Plan Document Included</td>
<td>• Plan Document Included</td>
<td>• Contact us for more details</td>
</tr>
</tbody>
</table>

Accounts under $7,500 pay a lower Annual Fee! (please contact us for details)

### Processing Fees

- Wire Transfer (incoming/outgoing): $30
- Cashier’s Check (includes overnight shipping): $50
- ACH/Trust/Voided Checks: $10
- Certified Mailing: $10
- Overnight Mailing: $20 plus shipping costs
- Notary: $5

### Miscellaneous Fees

- Exchange, Re-registration, Re-characterization of an Asset/Liability or Leveraged Asset: $95
- Expedited Investment Review: $95
- Special services, such as but not limited to, research of closed accounts, processing foreclosures, and tax issues $75 per 1/2 hour. (Minimum charge in increments of half hour.)
- Federal or State Tax Withholding $10
- Obtain EIN for Plan $75
- 401k Amendment (each additional participant) $150
- Qualified Plan Loan Fee (origination and maintenance) $75
- Partial or Full Account Termination - Includes transfer of assets from your account and lump-sum distributions: .005 of the termination value (plus transaction fees): min $150 - max $500.

*Annual Record keeping Fees are not prorated when an account closes.

A credit card convenience fee of 4% will be charged for all credit card transactions

Pay Fees By: ☐ Credit Card ☐ Deduct fees from my undirected cash in account
Credit Card Type: ☐ Visa ☐ MC ☐ AMEX ☐ Discover
Card Number: ___________________________________________ Exp. Date: __________ Security Code: __________
Name on Card: ________________________________________ Billing Zip Code: __________

Annual account fees are not prorated and are withdrawn from undirected funds (defined as any cash in the Custodial Account not invested pursuant to a specific investment direction by you, as the depositor, hereinafter referred to as “Depositor”), unless Depositor elects to pay by credit card or debit card as specified above. Transaction fees are due prior to funding the transaction. Fees paid from Depositor’s account will be reflected on Depositor’s statements, which are available online. If there are insufficient undirected funds in Depositor’s account, or where any credit card payments are declined, Custodian may liquidate other assets in Depositor’s account to pay for such fees after a 30-day notification, in accordance with the Custodial Agreement and Disclosure Statement. Late Payment Fees: Depositor will be charged $25 per month, or any portion of any month, an invoice remains past due, or the maximum allowable under applicable state law. Depositor agrees and directs Custodian that Depositor’s un-directed cash be placed into a state and/or Federal banking institution, unless Custodian is otherwise directed by Depositor. Depositor understands that if fees are not paid within thirty (30) days after Custodian has provided a written past due notice, Custodian may begin the process of closing Depositor’s account. Custodian understands that any asset distributed directly to Depositor as part of closing Depositor’s account will be reported to the IRS on Form 1099 and may subject Depositor to possible taxes and penalties. Depositor agrees that accounts with past due fees, unfunded accounts, and accounts with zero value will continue to incur administrative fees until such time as Depositor notifies Custodian, of intent Depositor’s to close the account or until Custodian resigns. In accordance with Depositor’s Account Application, this Fee Disclosure is part of Depositor’s Agreement with the Custodian and must accompany Depositor’s Application. Custodian reserve the right to change its Fee Schedule at any time with a 30-day notice to Depositor.

10 Account Acceptance

By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as application, “collectively referred to as “5305” or 401K Plan Agreement (“Sponsored Plan”) as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the “Documents”), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).

Account Holder Signature: ________________________________________
Account Holder Printed Name: __________________________ Date: __________

Custodian(or authorized representative) Signature: __________________________
Printed Name: __________________________ Date: __________

Corporate Headquarters: New Vision Trust Company, 401 E. 8th Street, Suite 200R, Sioux Falls, South Dakota 57103
Rev. 04/18
## 1 Account Information

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>American IRA Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 2 Current Custodian/Trustee Information

<table>
<thead>
<tr>
<th>Name of Custodian/Trustee:</th>
<th>Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>☐ I have attached a copy of my current statement (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type of account: ☐ Traditional ☐ Roth ☐ SEP ☐ 401k ☐ HSA ☐ CESA ☐ SIMPLE ☐ Inherited</td>
</tr>
</tbody>
</table>

## 3 Transfer Details

<table>
<thead>
<tr>
<th>☐ Option One: Cash Transfer</th>
<th>☐ Option Two: In-Kind Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Complete</td>
<td>☐ Complete</td>
</tr>
<tr>
<td>☐ Partial – SEND ONLY $</td>
<td>☐ Partial – Send ONLY the assets listed below</td>
</tr>
<tr>
<td></td>
<td>Please send cash via: ☐ Check ☐ Wire</td>
</tr>
<tr>
<td></td>
<td>Please send cash via: ☐ Check ☐ Wire</td>
</tr>
</tbody>
</table>

Checks and In-Kind Transfers are to be titled as New Vision Trust Custodian FBO (Account Name) (Account Type)

Wired funds are available following business day. Check funds are available after 7 business days.

How would you like this request sent to your current custodian?

☐ Certified Mail ($10) ☐ Overnight Mail ($20 plus shipping costs)

<table>
<thead>
<tr>
<th>Asset Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

## 4 Signature and Acknowledgement

1. I hereby agree to the terms and conditions set forth in the Type of Asset to be Transferred section and acknowledge having established a self-directed account through the execution of the (type of plan) account application.

2. I understand the rules and conditions applicable to an Account Transfer.

3. I qualify for the account transfer of assets listed in the Type of Asset to be Transferred section above and authorize such transactions.

4. I understand that no one at the Custodian and/or Administrator has authority to agree to anything different than my foregoing understandings of Custodian and/or Administrator policy.

5. By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as application, “collectively referred to as “5305” or 401K Plan Agreement (“Sponsored Plan”) as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the “Documents”), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).

Your Signature:________________________________________________________

Date:________________________________________________________

Acceptance of Receiving Custodian

By signing this form the Custodian accepts of the transfer, rollover or direct rollover described above and agrees to apply the proceeds upon receipt to the Account established by the Custodian, on your behalf. The Custodian ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS PASSIVE CUSTODIAN OF YOUR FUNDS.

New Vision Trust Company, A State Chartered South Dakota Trust Company

By:________________________________________________________

Date:________________________________________________________

Account Number:___________________________________________

<table>
<thead>
<tr>
<th>Type of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Traditional</td>
</tr>
<tr>
<td>☐ Inherited</td>
</tr>
</tbody>
</table>

Corporate Headquarters: New Vision Trust Company, 401 E. 8th Street, Suite 200R, Sioux Falls, South Dakota 57103