Step 1:

To open your IRA 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 IRA to your new IRA.
  
  Please note that your existing IRA 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 IRA. 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 Account Application

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

☐ IRA Account Application
☐ Photocopy of your Government Issued ID (Patriot Act requirement)

1 Personal Information

Legal Name: ____________________________ Birthdate: (mm/dd/yyyy) ____________________________ Social Security Number: ____________________________

Physical Address: (Required) *If the address on your ID doesn’t match your physical address, proof of residency is required. (Utility Bill or Financial Statement including your Name and Physical address)*

City, State, Zip: ____________________________ ____________________________ ____________________________

Mailing Address: (Optional)

City, State, Zip: ____________________________ ____________________________ ____________________________

Primary Phone: ____________________________ Mobile: ____________________________

We will use text messages to notify you regarding your account. ☐ Check here if you would like to opt OUT of receiving text messages.

Current/Most Recent Occupation: (Required, if retired list previous occupation) ____________________________ Title: ____________________________

Marital Status:

☐ Single  ☐ Married  ☐ Widowed or Divorced

Email Address: ____________________________ Driver’s License Number: ____________________________

2 Account Type

☐ ROTH

☐ SEP IRA – Complete SEP5305

☐ SIMPLE IRA

Employer Name: ____________________________

Employer Name: ____________________________

☐ Traditional

☐ Coverdell – Complete Coverdell Supplement Page

☐ Inherited IRA

☐ Health Savings Account

Check one:  ☐ Self-only coverage  ☐ Family Coverage

Original IRA Holder Name: ____________________________ ____________________________

3 Account Funding

☐ Annual Contribution

☐ Transfer Contribution

Transfer from existing IRA or Employer Sponsored Plan.

☐ 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)

4 Notifications

☐ MINIMUM ACCOUNT BALANCE $750

☐ 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: ____________________________

5 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.

Name: (Individuals only) ____________________________ Phone: ____________________________ Email: ____________________________

Name: (Individuals only) ____________________________ Phone: ____________________________ Email: ____________________________

Would you like the named interested party to be provided a login to view your account online?  ☐ Yes  ☐ No  *If not selected this defaults to No.*
## Beneficiary Information

<table>
<thead>
<tr>
<th>Name (first, middle, last)</th>
<th>Address (street, city, state, zip include country of residence if outside the USA)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
<th>Country of Citizenship if not USA</th>
<th>Relationship</th>
<th>Primary or Contingent?</th>
<th>Share %</th>
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Beneficiary Opt Out
- [ ] I opt to not list a beneficiary.

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:

- Your spouse is living;
- Your spouse is not the sole Primary Beneficiary name and;
- 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.

Accounts with past due fees, unfunded accounts, accounts transferring to a beneficiary and accounts with zero value will continue to incur administration fees until such time as the Depositor or Beneficiary notifies the Custodian (on a form prescribed by the Custodian) of the Depositor’s intent to close and/or transfer the account and the Depositor’s account is closed or until the Custodian resigns.

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: _______________________________
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, as identified in the Custodial Agreement (IRS Form 5305A, 5305-RA, 5305-SA, 5305-SEP, 5305-C, and 5305-EA). 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 prior to such 30 day period, the Custodian will continue in such capacity until the Custodian 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.

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

Rev. 11/19

Page 3 of 4
Fee Schedule

One Time Account establishment: $50 (due upon initial application)

Annual Fees

☐ Option One: $285 annually
- $95 transaction fee (Purchase/Sale of an Asset)
- Minimum Account Balance $750

☐ Option Two: $450 annually
- Unlimited transactions (Purchase/Sale of an Asset)
- Minimum Account Balance $750

Accounts under $7500 pay an Annual Fee of only $165 or $330 for unlimited transactions!

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
- Special services, such as not limited to, research of closed accounts, processing foreclosures, and tax issues $75 per 1/2 hour.
- Federal or State Tax Withholding $10
- Expedited Investment Review: $95
- Partial or Full Account Termination - Includes transfer of assets from your account and lump-sum distributions: .005 of the termination value (plus applicable transaction fees): min$150 - max $500.
- Deposit Research (if deposit coupon is not included with deposit) $25
- Copy/Cleared/Canceled checks; Reproducing tax documents (5498/1099); Duplicate Statements $15
- Returned Items, Stop Payment Request, Credit Card Decline $30
- Regularly Scheduled Distribution Fee (Monthly/Quarterly/Annually) $25
- 990-T Processing, Reversal of Fees for Alternate Payment Method $50
- If fees are deducted from your account causing your cash balance to fall below the required minimum account balance $25 per month until account is brought back to the minimum balance.

*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

Card Number: ______________________ Exp. Date: __________ Security Code: __________

Name on Card: ______________________ Billing Zip Code: __________

Annual fee Schedule 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 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. Depositor 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, or if Depositor closes 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 reserves the right to charge its Fee Schedule at any time with a 30-day notice to Depositor.

Account Acceptance

We reserve the right, in our sole discretion, to disclose information about you without notice, if it is necessary or appropriate to comply with applicable law, respond to legal claims and the legal process (including subpoenas), protect our rights, interests, or property (including that of our officers, directors, owners, affiliates, successors and/or assigns) or if we believe in good faith that it is necessary to protect the personal safety of any person, including but not limited to: your safety, our safety (including that of our officers, directors, owners, employees, affiliates, successors and/or assigns) the safety of the public, or the safety of any third party. Disclosure of such information may include sensitive or personally identifiable information. By my signature below, I acknowledge and declare that I have examined this New Account Application, and to the best of my knowledge and belief, it is true, correct and complete. I further declare and acknowledge I have read the Custodial Agreement (Forms 5305A, 5305-RA, 5305-SF, 5305-SEP, 5305-C, and 5305-EA), Fee Schedule, Privacy Notice and Account Disclosure Statement and agree to abide by the terms as currently written, or as they may be amended from time to time. In the event of a conflict between this New Account Application, Fee Schedule, Privacy Notice and/or Account Disclosure Statement, the Custodial Agreement shall govern. This Agreement, which shall include the Custodial Agreement, Fee Schedule, Privacy Notice, New Account Application and Account Disclosure Statement, is the complete and exclusive agreement between the parties with respect to my Custodial Account and shall supersede any prior agreements and communications (both written and oral) related to my Custodial Account.

Account Holder Signature: __________________________________________

Account Holder Printed Name: ____________________________ Date: __________

FOR OFFICE USE ONLY

Custodian(or authorized representative) Signature: ____________________________ Date: __________

Printed Name: __________________________________ Date: __________

Rev. 11/19
Page 4 of 4