

135 Broad Street, Asheville, NC 28801 Phone: (828) 257-4949, Fax (828)257-4948 Email: AllForms@AmericanIRA.com **Fee Schedule**



A South Dakota Trust Company 401 E. 8th Street, Suite 200 R Sioux Falls, SD 57103

One-time Account establishment fee: \$50 (paid upon initial application)		
Annual	Fees	
Option One: \$285	Option Two: \$450	
• \$95 transaction fee (Purchase/Sale of an Asset)	• Unlimited purchase/sale of an asset	
Minimum Cash Balance \$750	Minimum Cash Balance \$750	
No Annual Fee until first movement of money! (Investment, Distribution, Termination)		
Accounts under \$7500 pay an Annual Fee of only \$165 or \$330 for unlimited tranactions!		
Processing Fees		
	Certified Mailing: \$10	
Cashier's Check (includes overnight shipping): \$50	Overnight Mailing: \$20 plus shipping costs	
Outgoing ACH, Checks (Trust/Voided): \$10	Notary: \$5	
Miscellaneous Fees		
	Deposit Research (if deposit coupon is not included	l 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 Recurring Distribution Fee \$25 per Distribution	
-	990-T Processing, Reversal of Fees for Alternate Payment Method \$50	
\$75 per 1/2 hour. (Minimum charge in increments of half • If fees are deducted from your account causing your cash balance to fall		
hour.) below the required minimum account balance \$25 per month until account		
Partial or Full Account Termination - Includes transfer of is brought back to the minimum balance.		
assets from your account and lump-sum distributions: .005 • Federal or State Tax Withholding \$10		
of the termination value (plus applicable processing/misc.		
fees): min\$150 - max \$250.		
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 undir	cected cash in account	
Credit Card Type: Visa MC AMEX Discover		A credit card is
Card Number: Exp. Date:	e: Security Code:	required with
	e Security Code	each account
Name on Card: Billing Z	Zip Code:	
Name on Card:		
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 understand 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, 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.		
Drinted Name	Amonicon IDA Account number	
Printed Name: American IRA Account number:		
Signature:	Date:	
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Corporate Headquarters: New Vision Trust Company, 401 E. 8th Street, Suite 200R, Sioux Falls, South Dakota 57103