

# FEE SCHEDULE

Traditional IRA, Roth IRA, SEP, SIMPLE, Coverdell ESA, HSA and Qualified Plan

## ANNUAL RECORDKEEPING FEE:

**Determine the best fee option for you. Please check only one box. - Paid upon initial account funding**

**Option One: Fee Based on Number of Investments:**  
**\$300 Per Asset and/or Liability**

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**Option Three: Gold Family Service: \$2,400 Annual Fee**  
 (Unlimited Accounts for Husband, Wife and Minor Children.  
 All Inclusive Fee Structure, No Transaction Costs except wire/  
 overnight fees)

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A one-time Set-up Fee of \$50 is due at time of application.

**Option Two: Fee Based on Total Account Value**

Total Account Value:		Annual Asset Fee:
\$0	\$19,999.99	\$195
\$20,000	\$49,999.99	\$300
\$50,000	\$99,999.99	\$350
\$100,000	\$199,999.99	\$435
\$200,000	\$299,999.99	\$595
\$300,000	\$399,999.99	\$650
\$400,000	\$499,999.99	\$825
\$500,000	\$999,999.99	\$1,250
\$1,000,000 and up		\$1,500

## ANNUAL FEE INCLUDES AT NO ADDITIONAL CHARGE

- Online Account Access
- Annual Tax Reporting
- Required minimum distributions by check
- Access to Regular Educational/Networking Events

## FEES FOR ADDITIONAL SERVICES

- Purchase, Sale, Exchange or Re-Registration of an Asset/Liability: \$95. Additional fees may apply for complex purchases. Domestic or international.
- Wire transfers: \$30; Cashiers or other official bank check: \$10; ACH transfers, Trust checks, \$5 each
- Quarterly statement mailing fee \$5. This fee will be waived with online access acceptance.
- Overnight mail: \$35; Certified mail: \$8
- Returned Items or Stop Payment Request: \$30
- Re-processing of incomplete documents: \$50 per reprocessing, plus applicable fees
- Individual 401(k) Plan Document Fee: \$300 per year
- A convenience fee of 3% will be charged for all credit card transactions.
- Special services, such as research of closed accounts, legal research, expedited investment review or additional processing required for complex transactions: \$150/hour.
- 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; minimum fee of \$150. Annual Record keeping Fees are not prorated when an account closes.

**Required Information—A credit card is required with every account.**     VISA     MC     Amex     Discover

NAME ON CARD \_\_\_\_\_ BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

SECURITY CODE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Pay Fees by:  Credit Card     Fund From Your Account     Invoice

If an invoice on your account is unpaid for 20 days and funds are unavailable in the account, the credit/debit card on file for the account will be charged.

*Annual Record keeping fees are normally withdrawn from your un-directed funds within 20 days after the invoice date, unless you submit payment directly by check, credit or debit card. Fees paid from your account will be reflected on your statement. You may also prepay fees by check, credit or debit card or charge to your account. If there are insufficient un-directed funds in your account, we may liquidate other assets in your account to pay for such fees after a 30 day notification, in accordance with your Plan and Trust Disclosure. You agree and direct the Administrator that your un-directed cash is placed in government insured instruments, including FDIC insured banks, unless we are otherwise directed by you. In accordance with your plan and trust disclosure which you received as part of your application, Custodial fees are part of the plan and trust disclosure. Late Payment, Fees: \$35 minimum fee plus the lesser of 1.5% per month (18% per annum) or the maximum allowable under applicable state law. In accordance with your Account Application, this Fee Disclosure is part of your Agreement with the Administrator and must accompany your Application. If a signed Fee Disclosure is not received with your Application, fees will be based on "Option 2—Account Value".*

**PLEASE PRINT, SIGN AND RETURN THIS FORM TO YOUR ENTRUST CAROLINAS, LLC OFFICE.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to Entrust Carolinas, LLC · 137 Broad Street · Asheville, NC 28801**