

<b>1</b> Account Owner Informa	ation					
NAME (as it appears on your account application)	ENTRUST ACCOUNT NUMBER (if applicable)	SOCIAL SECURITY NUMBER				
EMAIL ADDRESS (required)		DAYTIME PHONE NUMBER				
2 Depository Fees						
per IRA. Additional details regarding the storage of m	rs storage for your IRA as Individual Sub-Accounts of I etals at DDSC may be found in the <b>Depository Custo</b> ch calendar year, corresponding to the month in which	dy agreement which is available upon request				
Gold/Platinum/Palladium Only	\$150.00 annual fee					
Outgoing Shipping and Handling Fees						
A \$25.00 minimum charge per out-shipment will apply in every instance. Client shall be liable to pay such fees as of the day it gives Depository instructions to prepare a shipment for delivery, notwithstanding the fact that the delivery order may later be canceled by client, if in fact Depository has caused such shipment to be prepared for delivery. Shipments will be prepared in accordance with standard Depository's practices and packaging materials.						
DDSC offers shipping options through various carriers. Those options include Personal Pick-Ups, USPS, UPS, and FedEx. A \$35.00 per package handling fee, plus all applicable postage, registration, and insurance charges apply.						
<b>3</b> Storage Location (select	one)					
□ 3601 North Market Street, Wilmingtor	n, DE 19802 □ 1009 Industrial	Road, Boulder City, NV 89005				
<b>4</b> Payment of Fees (select of	one)					
PAYMENT METHOD (select one):	RD (complete section 5)					
<b>5</b> Credit Card Information	1					

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CARD TYPE (select one):	□ VISA		ER CARD	AMERICAN EXPRESS		
NAME AS IT APPEARS ON CA	ME AS IT APPEARS ON CARD			CARD NUMBER		SECURITY CODE
EXPIRATION DATE			BILLING AD	DRESS		
CITY, STATE, ZIP CODE						
By signing below, you authorize Entrust to charge your credit card for the fees listed above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to this request must be submitted in writing.						
SIGNATURE:					DATE:	



## 6 Account Owner Signature and Acknowledgement

I acknowledge that I have elected to store my self-directed IRA owned precious metals investment with **Delaware Depository Services Company (3601 North Market Street, Wilmington, DE 19802** <u>or</u> **1009 Industrial Road, Boulder City, NV 89005)**. I understand that the storage fee is payable at the time the investment is made and billed on the anniversary date of the investment each year thereafter. I also understand that the storage fee may be paid with undirected funds from my self-directed IRA, by credit card, or by check.

DATE:
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