



Self-Directed IRA Application

For SEP Accounts

New Direction Trust Company

www.NDTCO.com

1070 W. Century Drive

Louisville, CO 80027

Email: Info@ndtco.com

Toll Free: 877-742-1270

Phone: 303-546-7930

Fax: 303-665-5962



New Direction
TRUST COMPANY

TAKE YOUR RETIREMENT IN A NEW DIRECTION

POSSIBLE INVESTMENT OPTIONS

A self-directed IRA is a retirement plan that allows you to choose where to invest your IRA money, as permitted under IRS guidelines. With the great tax advantages provided by a self-directed IRA, you can potentially build wealth and secure your future more effectively.

Entity Investments

- Private Stock
- Limited Partnership
- Business Start Ups
- Venture Capital
- LLCs
- Privately-Held Enterprises
- International Investments

Real Estate

- Residential
- Rentals
- Commercial
- Rehabs
- Lease Options
- Land
- Foreclosures
- Mobile Homes

Precious Metals

- Gold
- Silver
- Platinum
- Palladium

Loans

- Mortgage Loans
- Deeds of Trust
- Promissory Notes
- Business Loans

Other

- Brokerage Account
- Crops
- Oil and Gas
- Timber
- And Much More!

INFORMATION WE MAY SHARE

We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian have agreed to the custodian's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

CONFIDENTIALITY AND SECURITY

We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The custodian reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address and or telephone number listed in these documents.

APPLICATION

Apply online by clicking on the "Open Account Online" button on the upper right corner or our homepage:
www.ndtco.com

- OR -

Fill out the attached application and fee schedule.

Please include payment for the \$50 account opening fee:

Check Payable to: "New Direction Trust Company"

Amount: \$50.00

-OR-

Credit Card: VISA / MasterCard / Discover

WHERE TO SEND YOUR FORMS AND PAYMENT

Once you've completed these forms, please send them to:

Mail or Delivery:

New Direction Trust Company
1070 W. Century Drive
Louisville, CO 80027

Fax: (303)-665-5962

Scan & Email: emaildocs@ndtco.com

COMPLETING YOUR APPLICATION

Application Checklist

- Have you included a 5305 with your application? **(needed to open account)**
- Have you included your account set up fee? **(needed to open account)**
- Have you indicated the type of account that you'd like to open?
- Have you indicated how you would like to fund your account?
- Have you indicated your beneficiaries, including their social security numbers? (Section 5)
- If you're married, have you reviewed section 6? If so, has your spouse signed this section?
- Have you signed the application?
- Have you indicated which fee option you would prefer?
- Have you signed the fee option page? **(needed to open account)**

Application Checklist

Once you've completed these forms, please send them to:

Mail or Delivery: New Direction Trust Company
1070 W. Century Drive
Louisville, CO 80027

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Simplified Employee Pension—Individual Retirement Accounts Contribution Agreement

Do not file
with the Internal
Revenue Service

(Under section 408(k) of the Internal Revenue Code)

_____ makes the following agreement under section 408(k) of the Internal Revenue Code and the instructions to this form.
(Name of employer)

Article I—Eligibility Requirements (check applicable boxes—see instructions)

The employer agrees to provide discretionary contributions in each calendar year to the individual retirement account or individual retirement annuity (IRA) of all employees who are at least _____ years old (not to exceed 21 years old) and have performed services for the employer in at least _____ years (not to exceed 3 years) of the immediately preceding 5 years. This simplified employee pension (SEP) includes **does not include** employees covered under a collective bargaining agreement, includes **does not include** certain nonresident aliens, and includes **does not include** employees whose total compensation during the year is less than \$450*.

Article II—SEP Requirements (see instructions)

The employer agrees that contributions made on behalf of each eligible employee will be:

1. Based only on the first \$205,000* of compensation.
2. The same percentage of compensation for every employee.
3. Limited annually to the smaller of \$41,000* or 25% of compensation.
4. Paid to the employee's IRA trustee, custodian, or insurance company (for an annuity contract).

Employer's signature and date

Name and title

Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Form 5305-SEP (Model SEP) is used by an employer to make an agreement to provide benefits to all eligible employees under a simplified employee pension (SEP) described in section 408(k).

Do not file Form 5305-SEP with the IRS. Instead, keep it with your records.

For more information on SEPs and IRAs, see Pub. 560, Retirement Plans for Small Business (SEP, SIMPLE, and Qualified Plans), and Pub. 590, Individual Retirement Arrangements (IRAs).

Instructions to the Employer

Simplified employee pension. A SEP is a written arrangement (a plan) that provides you with an easy way to make contributions toward your employees' retirement income. Under a SEP, you can contribute to an employee's traditional individual retirement account or annuity (traditional IRA). You make contributions directly to an IRA set up by or for each employee with a bank, insurance company, or other qualified financial institution. When using Form 5305-SEP to establish a SEP, the IRA must be a Model traditional IRA established on an IRS form or a master or prototype traditional IRA for which the IRS has issued a favorable opinion letter. You may not make SEP contributions to a Roth IRA or a SIMPLE IRA. Making the agreement on Form 5305-SEP does not establish an employer IRA described in section 408(c).

When not to use Form 5305-SEP. Do not use this form if you:

1. Currently maintain any other qualified

retirement plan. This does not prevent you from maintaining another SEP.

2. Have any eligible employees for whom IRAs have not been established.

3. Use the services of leased employees (described in section 414(n)).

4. Are a member of an affiliated service group (described in section 414(m)), a controlled group of corporations (described in section 414(b)), or trades or businesses under common control (described in sections 414(c) and 414(o)), unless all eligible employees of all the members of such groups, trades, or businesses participate in the SEP.

5. Will not pay the cost of the SEP contributions. Do not use Form 5305-SEP for a SEP that provides for elective employee contributions even if the contributions are made under a salary reduction agreement. Use Form 5305A-SEP, or a nonmodel SEP.

Note. SEPs permitting elective deferrals cannot be established after 1996.

Eligible employees. All eligible employees must be allowed to participate in the SEP. An eligible employee is any employee who: (1) is at least 21 years old, and (2) has performed "service" for you in at least 3 of the immediately preceding 5 years. You can establish less restrictive eligibility requirements, but not more restrictive ones.

Service is any work performed for you for any period of time, however short. If you are a member of an affiliated service group, a controlled group of corporations, or trades or businesses under common control, service includes any work performed for any period of time for any other member of such group, trades, or businesses.

Excludable employees. The following

employees do not have to be covered by the

SEP: (1) employees covered by a collective bargaining agreement whose retirement benefits were bargained for in good faith by you and their union, (2) nonresident alien employees who did not earn U.S. source income from you, and (3) employees who received less than \$450* in compensation during the year.

Contribution limits. You may make an annual contribution of up to 25% of the employee's compensation or \$41,000*, whichever is less. Compensation, for this purpose, does not include employer contributions to the SEP or the employee's compensation in excess of \$205,000*. If you also maintain a salary reduction SEP, contributions to the two SEPs together may not exceed the smaller of \$41,000* or 25% of compensation for any employee.

You are not required to make contributions every year, but when you do, you must contribute to the SEP-IRAs of all eligible employees who actually performed services during the year of the contribution. This includes eligible employees who die or quit working before the contribution is made.

Contributions cannot discriminate in favor of highly compensated employees. Also, you may not integrate your SEP contributions with, or offset them by, contributions made under the Federal Insurance Contributions Act (FICA).

If this SEP is intended to meet the top-heavy minimum contribution rules of section 416, but it does not cover all your employees who participate in your salary reduction SEP, then you must make minimum contributions to IRAs established on behalf of those employees.

Deducting contributions. You may deduct contributions to a SEP subject to the limits of section 404(h). This SEP is maintained on a calendar year basis and contributions to the

* For 2005 and later years, this amount is subject to annual cost-of-living adjustments. The IRS announces the increase, if any, in a news release, in the Internal Revenue Bulletin, and on the IRS website at www.irs.gov.

SEP are deductible for your tax year with or without which the calendar year ends. Contributions made for a particular tax year must be made by the due date of your income tax return (including extensions) for that tax year.

Completing the agreement. This agreement is considered adopted when:

- IRAs have been established for all your eligible employees;
- You have completed all blanks on the agreement form without modification; and
- You have given all your eligible employees the following information:
 1. A copy of Form 5305-SEP.
 2. A statement that traditional IRAs other than the traditional IRAs into which employer SEP contributions will be made may provide different rates of return and different terms concerning, among other things, transfers and withdrawals of funds from the IRAs.
 3. A statement that, in addition to the information provided to an employee at the time the employee becomes eligible to participate, the administrator of the SEP must furnish each participant within 30 days of the effective date of any amendment to the SEP, a copy of the amendment and a written explanation of its effects.
 4. A statement that the administrator will give written notification to each participant of any employer contributions made under the SEP to that participant's IRA by the later of January 31 of the year following the year for which a contribution is made or 30 days after the contribution is made.

Employers who have established a SEP using Form 5305-SEP and have furnished each eligible employee with a copy of the completed Form 5305-SEP and provided the other documents and disclosures described in *Instructions to the Employer and Information for the Employee*, are not required to file the annual information returns, Forms 5500 or 5500-EZ for the SEP. However, under Title I of the Employee Retirement Income Security Act of 1974 (ERISA), this relief from the annual reporting requirements may not be available to an employer who selects, recommends, or influences its employees to choose IRAs into which contributions will be made under the SEP, if those IRAs are subject to provisions that impose any limits on a participant's ability to withdraw funds (other than restrictions imposed by the Code that apply to all IRAs). For additional information on Title I requirements, see the Department of Labor regulation at 29 CFR 2520.104-48.

Information for the Employee

The information below explains what a SEP is, how contributions are made, and how to treat your employer's contributions for tax purposes. For more information, see Pub. 590.

Simplified employee pension. A SEP is a written arrangement (a plan) that allows an employer to make contributions toward your retirement. Contributions are made to a traditional individual retirement account/annuity (traditional IRA). Contributions must be made to either a Model traditional IRA executed on an IRS form or a master or prototype traditional IRA for which the IRS has issued a favorable opinion letter.

An employer is not required to make SEP contributions. If a contribution is made, however, it must be allocated to all eligible employees according to the SEP agreement. The Model SEP (Form 5305-SEP) specifies that the contribution for each eligible employee will be

the same percentage of compensation (excluding compensation greater than \$205,000*) for all employees.

Your employer will provide you with a copy of the agreement containing participation rules and a description of how employer contributions may be made to your IRA. Your employer must also provide you with a copy of the completed Form 5305-SEP and a yearly statement showing any contributions to your IRA.

All amounts contributed to your IRA by your employer belong to you even after you stop working for that employer.

Contribution limits. Your employer will determine the amount to be contributed to your IRA each year. However, the amount for any year is limited to the smaller of \$41,000* or 25% of your compensation for that year. Compensation does not include any amount that is contributed by your employer to your IRA under the SEP. Your employer is not required to make contributions every year or to maintain a particular level of contributions.

Tax treatment of contributions. Employer contributions to your SEP-IRA are excluded from your income unless there are contributions in excess of the applicable limit. Employer contributions within these limits will not be included on your Form W-2.

Employee contributions. You may make regular IRA contributions to an IRA. However, the amount you can deduct may be reduced or eliminated because, as a participant in a SEP, you are covered by an employer retirement plan.

SEP participation. If your employer does not require you to participate in a SEP as a condition of employment, and you elect not to participate, all other employees of your employer may be prohibited from participating. If one or more eligible employees do not participate and the employer tries to establish a SEP for the remaining employees, it could cause adverse tax consequences for the participating employees.

An employer may not adopt this IRS Model SEP if the employer maintains another qualified retirement plan. This does not prevent your employer from adopting this IRS Model SEP and also maintaining an IRS Model Salary Reduction SEP or other SEP. However, if you work for several employers, you may be covered by a SEP of one employer and a different SEP or pension or profit-sharing plan of another employer.

SEP-IRA amounts—rollover or transfer to another IRA. You can withdraw or receive funds from your SEP-IRA if, within 60 days of receipt, you place those funds in the same or another IRA. This is called a "rollover" and can be done without penalty only once in any 1-year period. However, there are no restrictions on the number of times you may make "transfers" if you arrange to have these funds transferred between the trustees or the custodians so that you never have possession of the funds.

Withdrawals. You may withdraw your employer's contribution at any time, but any amount withdrawn is includable in your income unless rolled over. Also, if withdrawals

occur before you reach age 59½, you may be subject to a tax on early withdrawal.

Excess SEP contributions. Contributions exceeding the yearly limitations may be withdrawn without penalty by the due date (plus extensions) for filing your tax return (normally April 15), but are includable in your gross income. Excess contributions left in your SEP-IRA after that time may have adverse tax consequences. Withdrawals of those contributions may be taxed as premature withdrawals.

Financial institution requirements. The financial institution where your IRA is maintained must provide you with a disclosure statement that contains the following information in plain, non-technical language:

1. The law that relates to your IRA.
2. The tax consequences of various options concerning your IRA.
3. Participation eligibility rules, and rules on the deductibility of retirement savings.
4. Situations and procedures for revoking your IRA, including the name, address, and telephone number of the person designated to receive notice of revocation. This information must be clearly displayed at the beginning of the disclosure statement.
5. A discussion of the penalties that may be assessed because of prohibited activities concerning your IRA.
6. Financial disclosure that provides the following information:
 - a. Projects value growth rates of your IRA under various contribution and retirement schedules, or describes the method of determining annual earnings and charges that may be assessed.
 - b. Describes whether, and for when, the growth projections are guaranteed, or a statement of the earnings rate and the terms on which the projections are based.
 - c. States the sales commission for each year expressed as a percentage of \$1,000.

In addition, the financial institution must provide you with a financial statement each year. You may want to keep these statements to evaluate your IRA's investment performance.

Paperwork Reduction Act Notice. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	1 hr., 40 min.
Learning about the law or the form	1 hr., 35 min.
Preparing the form	1 hr., 41 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224. Do not send this form to this address. Instead, keep it with your records.

5305 SEP 0807

Account Number: _____
(An account number will be assigned by the custodian and will be mailed to you.)

1. WHAT TYPE OF ACCOUNT WOULD YOU LIKE TO OPEN?

- Traditional IRA
 Roth IRA
 SEP IRA (Employer Name: _____)
- SIMPLE IRA (Employer Name: _____)
- Inherited IRA (Name of Deceased: _____)
 (Date of Birth of Deceased: _____ Date of Death of Deceased: _____)
- Health Savings Account (HSA) (Please only check one)
 Individual
 Family

2. HOW WOULD YOU LIKE TO FUND THE ACCOUNT?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Personal Contribution
Contribution Year: _____ | <input type="checkbox"/> Transfer
Move funds from IRA to IRA. | <input type="checkbox"/> Rollover
Take receipt of funds for up to 60 days before reinvesting them in a new IRA. | <input type="checkbox"/> Direct Rollover
Directly move funds from 401k to IRA. |
|--|--|--|---|

3. YOUR PERSONAL INFORMATION

Legal Name: (First, Middle, Last)
 Mr. Ms. Mrs. Dr. _____

Social Security Number:	Date of Birth: (MM/DD/YYYY)	<input type="checkbox"/> Married <input type="checkbox"/> Not Married	
Physical Address:	City:	State:	Zip:
Mailing Address: (If different from Physical Address)	City:	State:	Zip:

Primary Phone Number:	Secondary Phone Number:	Fax Number:
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eNotifications of Account Activity and Statements <small>(Fees may apply for paper delivery; please refer to your fee schedule for details.)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:
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How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Advertisement <input type="checkbox"/> Article <input type="checkbox"/> Referred by _____	Coupon Code:
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4. HOW WOULD YOU LIKE TO PAY THE ACCOUNT SET-UP FEE? (\$50 fee is due at time of account opening.)

Choose One: <input type="checkbox"/> Credit Card (Visa, MasterCard & Discover accepted) <input type="checkbox"/> Check Enclosed (make checks payable to: New Direction Trust Company)	Credit Card Type: _____ Card Number: _____ Exp Date: _____ Exact Name on Card: _____ 3 Digit Security Code: _____ Signature: _____
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Account Number: _____

5. WHO ARE YOUR BENEFICIARIES?

If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. 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, as indicated). 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, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate. I hereby revoke any prior beneficiary designation made by me and designate the below as my Primary and Contingent Beneficiary of this IRA.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____	Relationship: _____
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Address: _____	City: _____	State: _____	Zip: _____
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Social Security Number: _____	Date of Birth: (MM/DD/YYYY) _____	Share: _____
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____	Relationship: _____
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Address: _____	City: _____	State: _____	Zip: _____
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Social Security Number: _____	Date of Birth: (MM/DD/YYYY) _____	Share: _____
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____	Relationship: _____
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Address: _____	City: _____	State: _____	Zip: _____
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Social Security Number: _____	Date of Birth: (MM/DD/YYYY) _____	Share: _____
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6. SPOUSAL CONSENT (Only required if your spouse is not the primary beneficiary.)

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 named and you and your spouse are residents of a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

I am the spouse of the account holder 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 account. I hereby acknowledge and consent to the above designation of beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature _____ Date _____

Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse. Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

7. YOUR SIGNATURE

I understand that I may change or add beneficiaries at any time by completing and delivering this form to New Direction Trust Company.

Printed Name: _____

Signature: _____ Date: _____

Account Number: _____

8. ACKNOWLEDGEMENTS & AGREEMENT TO TERMS

Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Custodian

The Custodian of my account is New Direction Trust Company "NDTCO". 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 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 cash or personal or real 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.

Inactive Accounts:

Accounts that maintain a zero balance for 90 days or more may be deemed inactive and closed at our discretion. We will attempt to notify you in advance, but we are not obliged to do so.

No Tax, Legal, or Investment Advice:

I acknowledge that the Custodian is not a fiduciary for my account and does not provide or assume responsibility for any tax, legal, or investment advice with respect to the investments and assets in my account, and will not be held liable for any loss which results from my exercise of control over my account. I understand that my account is self-directed, and I take complete responsibility for any investments I choose for my account. I further understand that the Custodian does not sell or endorse any investment products. If the services of the Custodian are marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons 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 any statements, representations, warranties, or agreements made by any such person or entity. I will consult independently, as I determine is necessary, with my own CPA, attorney, financial planner, or other professional prior to directing the Custodian to make any investment in my account.

Prohibited Transactions:

I understand that my account is subject to the provisions of the Internal Revenue Code (IRC) Section 4975 which defines certain prohibited transactions. I acknowledge and agree that the Custodian will not 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 a prohibited transaction and that the investments in my account comply with all applicable federal and state laws, regulations, and requirements.

Unrelated Business Income Tax:

I understand that my account may be subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Income Tax (UBIT) of tax-exempt organizations. I agree that if I direct the Custodian to make an investment in my account which generates income that is subject to UBIT, I will be responsible for preparing or having prepared the required IRS form 990-T tax return, an application for an Employer Identification Number (EIN) for my account, and any other documents that may be required, and to submit them to the Custodian 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 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 does not make any determination of whether or not investments in my account generate income that is subject to UBIT, has no duty to and does not monitor whether my account has incurred UBIT, and does not prepare Form 990-T on behalf of my account.

Valuation:

I understand that the assets in my account are required to be valued annually at the end of each calendar year in accordance with IRC Section 408(i) and other guidance provided by the IRS, and that the total value of my account will be reported to the IRS on Form 5498 each year. I agree to provide the year-end value of any illiquid and/or non-publicly traded investments, which may include without limitation limited partnerships, limited liability companies, privately held stock, real estate investment trusts, hedge funds, real estate, secured and unsecured promissory notes, and any other investments as the Custodian shall designate, by no later than the last business day of February of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian from any and all losses, expenses, settlements, or claims with regard to investment decisions, distribution values, tax reporting, or any other financial impact or consequence relating to or arising from the valuation of assets in my account.

Minimum Required Distributions:

I understand that with some types of accounts there are rules for Required Minimum Distributions (RMDs) from the account. If I am now subject to the RMD rules in my account, or if I will become subject to those rules during the term of any investment, I represent

that I have verified either that the investment will provide income or distributions sufficient to cover each RMD, or that there are other assets in my account or in other accounts that are sufficiently liquid (including cash) or, in the absence of such liquidity may distribute the investment in-kind in order that I will be able to withdraw my RMDs. I understand that failure to take RMDs may result in a tax penalty of 50% of the amount I should have withdrawn.

Responsibility for Tax Consequences:

I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with and distributions from my account. I assume all responsibility for: 1) determining that I am eligible for an account transaction that I direct the Custodian to make on my behalf; 2) ensuring that all contributions I make are within the limits set forth by the Internal Revenue Code; 3) the tax consequences of any contributions (including rollover contributions) and distributions.

Indemnification:

I agree that the Custodian is not a fiduciary for my account and has no duty other than to follow my written instructions and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my account under any circumstances although Custodian does have the right to refuse to fund investments that are not administratively feasible and/or would place an undue financial or administrative burden on the Custodian. I understand that the Custodian is acting only as my agent, and nothing will be construed as conferring fiduciary status or responsibility on the Custodian. I understand that obtaining any information or communication related to the investment is my responsibility regardless of whether or not it was sent initially to the Custodian or some other party. The Custodian will attempt to forward communications received, but is not responsible for my timely receipt of any such communication. I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorney's fees) and any loss to my account 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 or my investment advisor or resulting from serving as the Custodian, including, without limitation, claims, damages, liability, actions, and losses asserted by me.

Electronic Communications, Signatures, and Records:

I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state where the Custodian is organized (Kansas Statutes Annotated [KSA] Sections 16-601 et seq.) and the federal Electronic Signatures in Global and National Commerce Act (ESIGN Act, as contained in 15 U.S.C. 7001) as those laws pertain to electronic communication, electronic signatures, and electronic storage of Custodial Account records. I understand that, in lieu of retention of the original records, the Custodian may cause any or all records, and records at any time in their custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original.

No FDIC Insurance for Investments:

I recognize that investments purchased and/or held within my account: 1) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2) are not a deposit or other obligation of, or guaranteed by the Custodian; and 3) are subject to investment risks, including possible loss of the principal amount invested.

Our Privacy Policy:

You have chosen to do business with the Custodian, NDTCO. As our client, the privacy of your personal, non-public information is very important to us. We value our client relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect:

We collect non-public, personal information about you from the following sources to conduct business with you: 1) information we receive from you on applications or other forms, 2) information about your transactions with us or others, 3) Non-public, personal information that we may obtain in connection with providing services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share:

We do not sell or disclose any non-public information about you to anyone except as required by law or other regulatory authority, or as specifically authorized by you in writing. We do not share non-public, personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian have agreed to the Custodian's confidentiality and security policies. If you decide to close your account or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

Account Number: _____

8. ACKNOWLEDGEMENTS & AGREEMENT TO TERMS CONT'D

Confidentiality and Security:

We restrict access to non-public, personal information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public, personal information. The Custodian reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address and/or telephone number listed on this application:

New Direction Trust Company
1070 W. Century Drive
Louisville, CO 80027
p: 303-546-7930 | f: 303-665-5962

Signature Acknowledgements

Your signature is required. Please read before signing. The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following: I acknowledge that I have received the Fee Schedule and I understand that failure to submit a signed Fee Schedule will result in fees "based on the number of assets" (see Fee Schedule).

I acknowledge that I have read and understand the Custodial Agreement and Disclosure Statement, IRS Form 5305 for the type of account established by this application: for Traditional IRA (Form 5305-A), Roth IRA (form 5305-RA), SEP IRA (Form 5305-SEP), HSA (Form 5305-C) or SIMPLE IRA (Form 5305-SA). I agree to abide by its terms as currently in effect or as they may be occasionally amended. These Account Disclosures are to be found online at <https://ndtco.com/ira-info/forms>

Under penalties of perjury, I certify that the information I have provided above (including my Social Security Number) is correct. I hereby agree to participate in the Custodial Account offered by the Custodian. In the event that my account is to be funded by a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat such contribution as a rollover contribution. I direct that all benefits upon my death be paid as indicated in this application or by my subsequent beneficiary designation. If I have named or name a beneficiary which is a trust, I understand that I must provide certain information concerning such trust to the Custodian.

Account Owner's Signature: _____ Date: _____

New Direction Trust Company, Office Use:

New Direction Trust Company has entered into an Individual Retirement Custodial Agreement as Custodian with the account holder on this form. New Direction Trust Company, by its authorized representative, agrees to act as Custodian.

By: _____ Date: _____

1. ANNUAL ADMINISTRATION FEE Please check one box. (Annual Administration fees are due when your IRA purchases an asset.)

Option 1: Quantity Based - Assessed and billed annually*
\$295 Annual Fee Per Asset plus \$195/yr. per leveraged asset
\$95/yr. for publicly traded securities/mutual funds

Example 1:	Annual Fee Per Asset
Real Estate Asset:	\$295
Total Annual Administration Fee:	\$295
Example 2:	Annual Fee Per Asset
Real Estate Asset:	\$295
Asset with Leverage:	\$195
Total Annual Administration Fee:	\$490

*Annual fee is charged when you purchase an asset and annually on the anniversary month of the first asset purchased in your account thereafter. Mortgages used to purchase real estate are considered a separate asset and billed at the \$195 rate.

OR

Option 2: Value Based - Assessed on the total market value of the assets in the account. Billed semi-annually (i.e. twice per year). *
An additional \$95/yr. will be assessed for publicly traded securities/mutual funds (the value of such assets will not count toward your Invested Market Value)

Invested Market Value	Semi-Annual Administration Fee:
\$0 - \$14,999.99	\$97.50
\$15,000 - \$29,999.99	\$125.00
\$30,000 - \$44,999.99	\$162.50
\$45,000 - \$59,999.99	\$187.50
\$60,000 - \$89,999.99	\$225.00
\$90,000 - \$124,999.99	\$262.50
\$125,000 - \$249,999.99	\$325.00
\$250,000 - \$499,999.99	\$387.50
\$500,000 - \$749,999.99	\$750.00
\$750,000 and up	\$925.00

*Semi-Annual fee is charged when you purchase an asset and semi-annually thereafter. For properties that hold mortgages, the value is calculated based on the full property value.

2. PROCESSING FEES

IRA Setup Fee:

\$50 - One-Time IRA Setup Fee (charged at the time of account establishment)
* New accounts with no activity after 90 days will be closed.

Transaction Fees: Due when your IRA purchases an asset.

\$95 - Purchase, Sale, Exchange of any Asset (Except Real Estate)
\$250 - Purchase, Sale, Exchange of Real Estate
\$345 - Leveraged Real Estate
\$50 - Capital Calls, Note Modifications or Conversions, Additional Fundings, Re-Registration, Partial Sale of Non-Real Estate
\$40 - Purchase, Sale, Exchange, or Re-Registration of any Precious Metals
\$10 - Transaction fee for publicly traded securities and mutual funds (Additional brokerage fees apply)

Movement of Funds Fees: Due when money moves from your IRA.

\$5 - ACH Transfer, Trust Check
\$25 - Cashier's or Other Official Bank Check
\$30 - Overnight Mail
\$30 - Wire Transfer \$40 - Foreign Wire Transfers
\$10 - Void Check Fee \$30 - Returned Item or Stop Payment Request

Other Fees: Due when services are rendered.

\$10 - Annual statements received by mail (electronic statements provided for free)
\$0 - Real Estate Bill Pay via myDirection.com portal
\$10 - Real Estate Bill Pay via paper PAL Form Submission
\$500 - Express Real Estate Processing (1 business day rush fee)
\$250 - Express Non-Real Estate Processing (1 business day rush fee)
\$75 - ROTH Conversion or Recharacterization
\$50 - Late Fair Market Valuation (\$50 per notification)
\$25/month - Late Fee (assessed 30 days after fee due date)
\$150/hr. - Special services (such as research of closed accounts, legal research, expedited investment review or additional processing required for certain complex transactions, out of office real estate closings)

Transfers Out, Partial Distribution or Full Distribution:

0.5% of the value

- Minimum of \$75 (Full Distribution/ Transfer Out)
- Maximum fee of \$250 (Partial and Full Distribution/Transfer Out)
Plus Movement of Funds Fees and/or Transaction Fees as they may apply.
Required Minimum Distributions are only subject to Movement of Funds Fees and/or Transaction Fees.

3. HOW WOULD YOU LIKE TO PAY FEES?

Pay fees by:

Credit Card (Visa, MasterCard, Discover)

Fund from Account

Credit Card Type: _____ Card Number: _____ Exp. Date: _____

Exact Name on Card: _____ 3 Digit Security Code: _____

Signature: _____

* Credit card information must be kept current. Unpaid fees will be deducted from the account if invoiced amount is not paid within 30 days of the invoice date.

4. SIGNATURE

Annual record keeping fees are not prorated and are withdrawn from your undirected funds (defined as any cash in the Custodial Account not invested pursuant to a specific investment direction by you), unless you submit payment to us directly prior to the due date by check, credit card, or debit card. Transaction fees are due prior to funding the transaction. Fees paid from your account will be reflected on your statement. If there are insufficient undirected 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 Agreement and Disclosure. In accordance with your Account Application, this Fee Disclosure is part of your Plan Agreement with the Custodian and must accompany your Application. If a signed Fee Disclosure is not received with your Application, fees will be based on "Option 2—Value Based."

In accordance with your Plan Agreement and Disclosure, which is available on our website, custodial fees, described below is part of the Plan Agreement. The Custodian shall be entitled to receive, from the assets held in the Custodial Account, a fee equal in amount to all income that is generated from any undirected cash which is held by the Custodian in a deposit or product of an FDIC - or other United States government-insured financial institution, United States government securities, or securities that are insured or guaranteed by the United States government, as provided in the Plan Agreement and Disclosure. The Custodian's fees from the undirected funds in the Custodial Account are associated with cash management activities, including, but not limited to, account maintenance, depository bank selection, transaction processing, sub-accounting, record keeping, and other services performed under the terms of this Agreement. The Custodian retains the right, but does not have the obligation, to reduce this fee by rebating a portion of the fee into the Custodial Account. The Depositor agrees that this fee may be retained by the Custodian as compensation for the services provided by Custodian under this Agreement. The Custodian reserves the right to change all or part of the Custodial Fee Schedule at its discretion with 30 days advance written notice to Depositor.

I understand that if fees are not paid within thirty (30) days after New Direction Trust Company (NDTCO) has mailed the past due notice, NDTCO may begin the process of closing the account. I understand that any asset distributed directly to me as part of closing my account will be reported to the IRS on Form 1099 and may subject me to possible taxes and penalties. I agree that accounts with past due fees, unfunded accounts, and accounts with zero value will continue to incur administrative fees until such time as I notify NDTCO of my intent to close the account or until NDTCO resigns.

Printed Name: _____
Signature: _____ Date: _____

SECTION 1: Requires your personal information and New Direction Trust Company account information.

SECTION 2: Requires information in regards to the custodian that currently holds the funds/assets.

SECTION 3: Determining whether the movement of funds is a transfer or a rollover

Use the transfer option when transferring cash/in-kind assets from one IRA to another IRA.

Traditional IRA → Traditional IRA

Roth IRA → Roth IRA

A Transfer is:

- Initiated by New Direction Trust Company
- Client completes New Direction Trust Company's Transfer/Rollover Form and returns to New Direction
- New Direction processes and sends to current/sending custodian
- Requires NO IRS reporting
- Funds are sent directly from sending custodian to New Direction Trust Company

Use the Rollover option when transferring cash/in-kind assets from a 401(k) or other Qualified Plan or IRA distribution.

401(k)/Qualified Plan → IRA

A Rollover:

- Re-deposits retirement funds that have been distributed
- Initiated by the client (you)
- Client completes current/sending custodians Distribution Form or Withdrawal Form from qualified plan and returns to them
- Client completes New Direction Trust Company's Transfer/Rollover Form and returns to New Direction
- Funds may be sent to client OR directly to client's account at New Direction
- Sending custodian will file a 1099R for client to report the distribution
- If funds are deposited into client's IRA account at New Direction within 60 days of distribution, there will be no IRS tax or penalty consequences

A Standard Rollover is when the administrator sends the check for the rollover directly to your residence. You will then forward along the check to New Direction Trust Company within 60 calendar days in order to avoid a taxable movement.

A Direct Rollover is when the resigning administrator sends the funds/assets directly to New Direction Trust Company.

A Direct Rollover of Other IRA, Roth or transferable account is when you have initiated the movement with the

SECTION 4: Determine what exactly is being moved over to New Direction Trust Company

Complete section A if you are moving cash or a money market account.

- Indicate if you wish to move all cash in the account to New Direction. If you wish to only move a partial amount, please indicate partial and what dollar amount you wish to move to your New Direction account

Complete section B if you are moving publicly traded stocks, bonds or mutual funds, or in the case that you are moving an entire brokerage account.

- If you wish to bring the entirety of the account over, please indicate entire account and enter your account
- If you wish to bring only a partial amount, please indicate "Only the assets below" and enter the account number.

If you have any funds sitting in strictly cash, please write in the cash amount. If you are looking to transfer any stocks, bonds, or mutual funds, please write in the symbol of each asset, as well as it's name, fund number, account number, number of shares, and if you wish for the current/sending custodian to sell those assets and liquidate them to strictly cash upon receiving the request. Please indicate the estimated total value being moved over to your New Direction Trust Company account.

IMPORTANT NOTE

If you are performing an in-kind rollover of stocks and/or mutual funds, NDTCO must receive a Transfer/Rollover Form, indicating the publicly-traded securities that are being rolled over. Once NDTCO receives the form, you will be sent account information that the resigning custodian/trustee will need to complete the in-kind rollover.

Complete section C if you are moving previously purchased alternative investments such as real estate, notes, private equity, etc.

- If you are wishing to move all of your cash and previously existing alternative assets, please indicate so by choosing "Complete movement of Cash and/or Assets", along with the cash and In-Kind assets box below.
- If you are wishing to only move a partial cash amount or certain assets, please indicate so by checking the "Move Partial Cash and/or Assets" box. If you want to move any cash, please check the cash box and indicate the dollar amount. If you want to move over any assets, please check the In-Kind assets box, and fill out the table below with what type of asset it is, the name or description of the asset, and its current recorded value.
- Indicate at the bottom the total estimated values being moved into your New Direction account.

SECTION 5: Determine how you would like the current/sending custodian to send the funds or assets to New Direction Trust Company

- You can select to have any case or assets sent to New Direction Trust Company via cash or wire.
- New Direction Trust Company has the capability to send the Transfer/Rollover to the current/sending custodian via mail, fax, or overnight Express Mail via FedEx.
- If you choose overnight Express Mail via FedEx, we will need a check at the time of delivery or a credit card number in order to pay the \$30 express fee.

SECTION 6: Read the Letter of Authorization

SECTION 7: Requires your date and signature!

Transfer Checklist:

1. Is a medallion signature guarantee* required on the form? (ask sending administrator)
 YES NO
If yes, whose signature?
 RECEIVING CUSTODIAN (New Direction Trust Company)
 IRA/401(k) HOLDER (you)
2. Will sending administrator accept a faxed transfer form?
 YES NO
Fax Number Attention: Mailing address:
3. If you are under a time constraint, can they wire the funds? (fees may apply for this service)
*A medallion signature guarantee is similar to a notary, but stronger. It is a guarantee that your signature is genuine. You can obtain a guarantee from selected banks or other financial institutions.

Rollover Checklist:

1. If this is an employer plan (401(k)) does the employer allow funds to be rolled out?
 YES NO
2. Does the plan administrator require completion of its own withdrawal paperwork?
 YES NO
3. If you are under a time constraint, can they wire the funds? (fees may apply for this service)
 YES NO (fees may apply for this service)

Tips to Help the Process:

1. If you are in a rush, consider checking the 'via wire' option in section 5 of the form. Check with your sending administrator about possible wire fees.
2. We mail transfer forms to sending administrators via USPS. For \$30 we can expedite this by using overnight mail. If you would like us to do this, please indicate this on the form.
3. Contact your sending administrator a week after mailing the original form to our office. Follow up with them to make sure they received the form from us and to make sure they have everything they need for a speedy turnaround.
4. Your participation is the key to a quick and problem-free transfer. Other administrators are not required to give us any information on pending transfers, so you will need to call them yourself for updates. The only responses we get are successful transfers and rejection letters.

NOTE: If you are planning on funding the account through an annual contribution, please use the Deposit Coupon included at the end of the packet.

Transfer/Rollover Form

1. YOUR INFORMATION			
Your Name:		New Direction Account Number:	
Social Security Number:	Email Address:		Phone Number:
Legal Address:		City:	State: Zip:

2. WHERE ARE THESE ASSETS CURRENTLY?			
Name of Custodian/Trustee:		Account Number:	
Office Address:		City:	State: Zip:
Contact Name:	Phone Number:	Fax Number:	<input type="checkbox"/> I have enclosed a copy of my statement (required)

3. TRANSFER/ROLLOVER OPTIONS

- Transfer** (Choose one listed below, and New Direction Trust Company will initiate the movement of assets.)
- Traditional IRA to Traditional IRA SEP IRA to SEP IRA SIMPLE IRA to SIMPLE IRA Roth IRA to Roth IRA
 - Traditional IRA to Simple IRA SEP IRA to Traditional IRA SIMPLE IRA to SEP IRA HSA to HSA
 - Traditional IRA to SEP IRA SEP IRA to SIMPLE IRA SIMPLE IRA to Traditional IRA
 - Inherited IRA to Inherited IRA (Subject to additional documentation and review)
- Rollover** (To trigger a rollover, fill out this form for NDTCO and contact the existing custodian/trustee for their required rollover actions.)
- Standard Rollover (This is a return on an Eligible Distribution done within 60 days.) (This Rollover is the only Rollover that has been executed from any IRA that I have within the prior 12 months.)
 - Direct Rollover: Rollover of Eligible Retirement Plan Assets to Traditional IRA (401k Plan and other employer plans)
 - Direct Rollover of OTHER IRA, Roth or other transferable account
(This Rollover is the only Rollover that has been executed from any IRA that I have within the prior 12 months.)

4. ASSETS TO BE MOVED TO NDTCO - CHOOSE OPTION(S) THAT APPLY TO THIS MOVEMENT OF ASSETS

A. Cash/Money Market Assets - from any type of account. All positions must be liquidated and available in either a cash or money market account before submitting this request. Note: some brokerage accounts keep cash in a money market account only. New Direction Trust Company requires 5 business days for checks to be available. Bank wires and money orders clear the next business day.

Please provide a detailed statement showing assets and values.

- Entire Account in Cash, close account** **Approximate Cash: \$** _____
- Partial Account in Cash: \$** _____

B. Brokerage Account Assets (Publicly traded stocks, mutual funds, etc.)

- Entire account. Account # _____, list the brokerage assets below.

OR

- Only the assets below. Account # _____ (If you do not have room to describe all assets, please attach description with this form):
Cash Amount (If any): \$ _____

Symbol	Name	Fund #	Account #	# of Shares	Liquidate on Receipt
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated total value of assets being moved to NDTCO: \$ _____

Notice: all dividends from mutual funds moved over to NDTCO in-kind will be reinvested

4. ASSETS TO BE MOVED TO NDTCO CONT'D

C. Alternative Assets (Real estate, notes, private equity, etc.)

Complete Movement of Cash and/or Assets

Cash* - to **New Direction Trust Company FBO (My Name) IRA**

In-kind assets to **New Direction Trust Company FBO (My Name) IRA**

Move Partial Cash and/or Asset

Cash* - Send \$ _____ in cash to **New Direction Trust Company FBO (My Name) IRA**

In-kind assets to **New Direction Trust Company FBO (My Name) IRA**

Move the following assets in-kind (Please list every in-kind asset to be moved to NDTCO. If you do not have room, please attach description with this form.):

Asset Type	Name of Asset/Description	Current Recorded Value

Estimated total value of cash and assets to NDTCO: \$ _____

*New Direction Trust Company requires 5 business days for checks to clear. Bank wires and money orders clear the business day after deposit.

5. HOW CASH IS TO BE SENT TO NDTCO

I would like my **Cash/Assets** sent to New Direction Trust Company via: (check is the default if no option is marked)

Check/Mail (Checks clear within 5 business days) Wire (available next business day)

Please send this **Transfer/Rollover Form** to custodian currently holding these assets via:

Mail

Fax Number: _____ (You must ask your current custodian if they accept a faxed copy of the form. Please provide fax number.)

Express Mail via FedEx (\$30 Fee) (complete section below with check or credit card information)

Expedited Delivery (the information below is to pay for FEDEX charges, not wire fees) I would like to pay my expedited delivery charges via:

For FedEx fee choose one:

Credit Card

Check enclosed (make checks payable to: New Direction Trust Company)

Credit Card Type: (the following are accepted): Visa Mastercard Discover

Card Number: _____ 3-digit security code: _____ Expiration date: _____

Exact name on card: _____

Signature: _____

6. LETTER OF AUTHORIZATION

To the delivering firm: I understand that by signing section 7 below, I am authorizing New Direction Trust Company "NDTCO" to instruct you to transfer/rollover the assets identified in Section 4 of this form to my New Direction Trust Company Account. I represent that I have opened a retirement plan with New Direction Trust Company as the successor Custodian for the account. I understand that upon receipt of these transfer/rollover instructions, you will cancel all open orders in my account and will contact me regarding any account assets that are "not transferable." I understand that I am responsible for returning or destroying credit/debit cards and any unused checks issued in connection with my current securities account. I understand that to the extent that any assets in my account are not readily "transferable," with or without penalties, such assets may not be "transferred" within the time frames as set by FINRA Rule 11870, New York Stock Exchange Rule 412 or similar rule of the National Association of Securities Dealers or other designated examining authority.

I authorize you to liquidate any "nontransferable" proprietary money market fund assets in my account and move the credit balance to NDTCO. I authorize you to deduct any outstanding fees due from my credit balance; if the credit balance is insufficient to cover any outstanding fees, I authorize you to liquidate assets in my account to satisfy the obligation. I authorize you to deliver physical certificates or other instruments in my account in good deliverable form (including affixing any necessary tax waivers) to allow NDTCO to register them in street name for the purpose of sale when and as directed by me. I understand that any fractional shares of stock are "nontransferable" and will be liquidated; any liquidation of such shares may constitute a taxable event.

7. SIGNATURE AND ACKNOWLEDGEMENT

- I hereby agree to the terms and conditions set forth in this account asset transfer/rollover authorization and acknowledge having established a self-directed IRA through execution of the account application.
- I understand the rules and conditions applicable to an account transfer/rollover.
- I understand that any of the investments in my account that I would like moved are the responsibility of my current Custodian, meaning they are responsible for handling any of the re-registration of my investments currently being held by them.
- I qualify for the account transfer/rollover of assets listed in the asset liquidation above and authorize such transactions.
- I understand that no one at New Direction Trust Company has authority to agree to anything different than my foregoing understandings of New Direction Trust Company policy.
- I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70½, the required minimum amount determined under this IRA is still required to be distributed.
- I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the movement of assets. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the movement of assets to New Direction Trust Company.
- If this movement of assets is a Transfer and leaves the "transferor" IRA in one year but does not reach the "transferee" IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the "transfer" was received as of the prior December 31st for determining any required minimum distribution from the "transferee" IRA for the year that the "transfer" was received. I will inform the "transferee" IRA Trustee/Custodian of any such outstanding "transfer."
- If this is a direct or indirect rollover 1) I understand the important tax consequences of this election 2) I assume full responsibility for this rollover 3) I will not hold the Custodian, New Direction Trust Company or issuer of either the distributing or receiving plan liable for any adverse consequences that may result and 4) I irrevocably designate this contribution of assets as a rollover contribution.

Your Printed Name: _____

Your Signature: _____

Date: _____

Signature Guarantee if required by Custodian

8. ACCEPTANCE OF RECEIVING CUSTODIAN (office use only)

New Direction Trust Company agrees to serve as Custodian for the account of the above-named individual, and as Custodian, New Direction Trust Company agrees to accept the assets of the account being transferred. New Direction Trust Company assumes no trust or fiduciary obligations to you as it has no investment control over your funds and acts only as the Custodian of your funds.

New Direction Trust Company

By _____ Date _____

Signature Guarantee if required by Custodian

1. YOUR INFORMATION

Client Name:	New Direction Account Number:
Deposit Amount: (5 business days are required for checks to clear.) \$	

2. REASON FOR DEPOSIT

<input type="checkbox"/> Contribution	Tax Year: (If a tax year is not indicated, funds will be treated as a current year contribution) Year: _____ Personal \$ _____ Employee \$ _____ Employer \$ _____		
Make check payable to: <u>New Direction Trust Company FBO (Client Name) IRA</u>			
<input type="checkbox"/> Rent Check	Physical Address: (If left blank, there will be a delay in deposit.)	City:	State: Zip:
Make check payable to: <u>New Direction Trust Company FBO (Client Name) IRA</u>			
<input type="checkbox"/> Note Payment	Loan Name/Number: (If left blank, there will be a delay in deposit.)	Principal Amount: \$	Interest Amount: \$
Make check payable to: <u>New Direction Trust Company FBO (Client Name) IRA</u>			
<input type="checkbox"/> Dividend	Investment Name: (If left blank, there will be a delay in deposit.)		
Make check payable to: <u>New Direction Trust Company FBO (Client Name) IRA</u>			
<input type="checkbox"/> Interest Payment	Investment Name: (If left blank, there will be a delay in deposit.)		
Make check payable to: <u>New Direction Trust Company FBO (Client Name) IRA</u>			
<input type="checkbox"/> New Direction Fees Payment			
Make check payable to: <u>New Direction Trust Company (All Fee Payments must be paid with separate check.)</u>			
Reason for Deposit Details:			