

Thank you for choosing Advanta IRA as your self-directed IRA provider.

To initiate the account opening process, you may send the completed documents to your account representative (by email or through DocuSign), fax them to us at 866.385.6045, or mail them to the address at the bottom of the page.

Please make sure to include a legible copy of your driver's license or government issued photo ID.

Advanta IRA Account Number

1 Personal Information

Legal Name (Required) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Date of Birth (MM/DD/YYYY)	Social Security Number
Legal/Street Address (Required)		City, State, Zip	
Mailing Address (Optional)		City, State, Zip	
Primary Phone <input type="checkbox"/> Check here if also your mobile phone	Mobile/Other Phone	Email Address	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married (see consent of spouse) <input type="checkbox"/> Widowed/Divorced		Occupation/Title	

2 Notifications

Would you like to have online access and receive email notifications of changes to your account? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about us? <input type="checkbox"/> Friend/Client <input type="checkbox"/> CPA/Atty/Advisor <input type="checkbox"/> Investment provider <input type="checkbox"/> Internet search <input type="checkbox"/> Other Person who referred you: _____
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3 Name of Entity Establishing Plan

Plan Type	Legal Name of Plan	Plan Tax ID Number
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Appointed Administrator: Advanta IRA Services, LLC Advanta IRA Administration, LLC

4 Investment Direction and Important Disclosures

Your signature is required. Please read before signing.

The account holder shown on the front of this application (who may be referred to below as "I," "me," or "you") must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment. I appoint Advanta Trust Company and/or its administrators to be the Record Keeper (who may be referred to below as Record Keeper" or "we") for the self-directed investments in my retirement plan (the "Account"). I understand that I, as the employer, will serve as Trustee and Plan Administrator of the plan and that I can appoint a successor Trustee or Plan Administrator. Written direction shall be construed so as to include facsimile or electronic signature. The Account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information. I acknowledge that I have received a copy of the Fee Schedule. I understand that the terms and conditions, which apply to this Account, and are contained in this document. I agree to be bound by these terms and conditions.

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 am authorized and of legal age to establish this Account and make investment decisions, including purchases and dispositions as permitted under the provisions of my Plan Agreement. I assume complete responsibility for: 1) determining that I am eligible for an Account transaction that I direct the Record Keeper to make on my behalf; 2) insuring that all contributions I make are within the limits set forth by the tax laws and are otherwise in compliance with applicable law; and 3) the tax consequences of any contribution or other transaction (including rollover contributions and distributions).

I certify under penalties of perjury:

- 1) that I have provided you with my correct Social Security or Tax I.D. Number; and
- 2) that I am not subject to backup withholding because: a) I am exempt from backup withholding; or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding. **You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.**

We will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so, or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until such time as I change or revoke the designation, I hereby instruct the Record Keeper to follow the investment directions which I provide regarding the investing and reinvesting of the principal and interest, as confirmed by direction letters to Record Keeper from the undersigned, for the above-referenced Account. Record Keeper is authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the appropriate party. Written direction shall be construed so as to include facsimile or electronic signature. I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state of Nevada (Nevada Revised Statutes (NRS) Sections 719.010 et seq.), and the federal Electronic Signature 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 the retention of the original records, the Record Keeper may cause any, or all, of their 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 to the full extent permitted by applicable law.

The Account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization, Record Keeper may act solely on the written instruction, designation or representation of the Account holder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. I agree to release, indemnify, defend and hold the Record Keeper harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my Account and/or in connection with any action taken in reliance upon my written instructions, designations and representations, or in the exercise of any right, power or duty of Record Keeper, its agents or assigns. Record Keeper may deduct from the Account any amounts to which it is entitled to reimbursement as provided herein. Record Keeper has no responsibility or fiduciary role whatever related to or in connection with the Account in taking any action related to any purchase, sale or exchange instructed by the undersigned or any person designated by the undersigned, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income. For purposes of this paragraph, the term "Record Keeper" includes Advanta IRA, its agents, assigns, joint ventures, licensees, franchisees, affiliates and/or business partners (collectively "Advanta"). I acknowledge and agree that all limitations on powers or duties (to or in respect of me, my Account, or otherwise), and all waivers, releases, indemnifications and other protections of every kind and description given to or for the benefit of the Record Keeper herein or in any other instrument executed and/or delivered in respect of the Account shall apply equally to and for the benefit of both the Record Keeper and Advanta. In the event of claims by others related to my Account and/or investment wherein Record Keeper is named as a party, Record Keeper shall have the full and unequivocal right at its sole discretion to select their own attorneys to represent them in such litigation and deduct from my Account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Record Keeper in the defense of such claims and/or litigation. If there are insufficient funds in my Account to cover the Litigation Costs incurred by Record Keeper, on demand by Record Keeper, I will promptly reimburse Record Keeper the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Record Keeper shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I understand that my obligations of indemnification and expense reimbursement survive the termination or expiration of this agreement and the closing of the Account.

I also understand and agree that the Record Keeper will not be responsible to take any action should there be any default with regard to this investment. I understand that no one at the Record Keeper has authority to agree to anything different than my foregoing understandings of the Record Keeper's policy. For purposes of this paragraph, the term "Record Keeper" includes Advanta. In executing transfers, it is understood and agreed that I will not hold Record Keeper liable or responsible for anything done or omitted in the administration, custody or investment of the Account prior to the date Record Keeper shall complete their respective acceptance as successor and shall be in possession of all of the transferred assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian or Administrator. If any provision of this Application is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Important Information for Opening a New Account. To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government- issued identification (e.g., driver license or passport). The copy must be readable so we can verify the client's name, driver's license number or state issued ID number. If a copy of a valid driver's license or an unexpired state issued ID card cannot be obtained, we will contact the client by telephone to verify their name, address, date of birth, and social security number..

Our Privacy Policy. You have chosen to do business with the Record Keeper named on your account application. As our client, the privacy of your personal non-public information is very important. We value our customer 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:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or 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 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 Record Keeper's obligations hereunder have agreed to the Record Keeper'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 personnel; 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 Record Keeper 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.

I acknowledge receipt of a signed *Fee Disclosure*. I understand that failure to submit a signed Fee Disclosure will result in fees "based on value of assets" (See "Fee Disclosures.>").

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I acknowledge I have read the *Fee Disclosure, the Employer Sponsored Plan Account Agreement* and agree to abide by their terms as currently in effect or as they may be amended from time to time.

PLEASE PRINT, SIGN AND MAIL THIS FORM TO YOUR Advanta IRA OFFICE. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.

Authorized Owner's Signature

Date

4 Investment Direction and Important Disclosures

I _____ as the Individual representing _____ (name of employer) am establishing the following type of account _____ (account type).

I understand the terms of the agreement, the responsibilities defined in all the documents and disclosures I have received and I acknowledge receipt of all the information as follows. I have selected Advanta IRA as Record Keeper to perform record-keeping under this agreement.

Roles and Responsibilities:

Advanta IRA

Advanta IRA will provide the following to the named plan representative:

- (1) *Statements regarding the status of the account.*
- (2) *Account Application – The application allowing Advanta IRA to establish an investment and record keeping account*

NOTE: Advanta IRA WILL NOT provide Plan Establishment Documents

The Employer

The Employer shall have established and will maintain a qualified retirement plan that permits self direction and describes the permitted investment options.

- (1) *The employer will provide a copy of the qualified plan to Advanta IRA*
- (2) *The employer will provide the name and contact information for the Plan Administrator:*

Plan Administrator	Contact Person	Phone
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Assets in the Account

Asset vesting shall be in the name of: _____ **FBO:** _____
(Trustee Name and Plan Name) (Plan Participant)

Signatures

Signature of Employer Representative: _____ **Date:** _____

Signature of Advanta IRA Representative: _____ **Date:** _____

Plan Administrator: _____ **Date:** _____

Account Opening Fee: One-time fee for establishment of account

\$50

Annual Recordkeeping Fee. Choose one of the following two options:

Option 1: Based on Number of Assets

(billed at time of initial investment and on the anniversary of the initial investment)

- \$345/yr** Per real estate holding
- \$295/yr** Per asset/holding (notes, LLCs, private placements, private stock, etc.)
- \$150/yr** Per non-recourse loan holding
- \$250/yr** Precious metal holdings per depository*

**Depository/storage fees not included*

Option 2: Based on Account Value

(billed in quarterly installments)

Account Value Between:	Annual Fee
\$0-\$14,999.99	\$200
\$15,000-\$29,999.99	\$300
\$30,000-\$59,999.99	\$400
\$60,000-\$89,999.99	\$500
\$90,000-\$124,999.99	\$600
\$125,000-\$249,999.99	\$700
\$250,000-\$499,999.99	\$850
\$500,000-\$749,999.99	\$1,500
\$750,000 and up	\$1,850

Cash-only accounts are subject to \$25/quarter charge

Transaction / Additional Fees

- Purchase, sale, or exchange of real estate/any other asset..... **\$145/\$95**
- Additional capital contribution/funding to existing investment..... **\$50**
- Incoming/outgoing/international wire transfer **\$15/\$30/\$60**
- Trust check/ACH for bill pay *(no fee for any bills paid using Advanta IRA's online portal)* **\$10**
- Cashier's check *(fee is per check)* **\$10**
- Express delivery - Next Day/2nd Day/International..... **\$50/\$30/\$100**
- Returned items/Stop payment request..... **\$30/per**
- Special services *(research/additional requests for annual fair market valuation, matured notes, etc.)*.... **\$150/hr (\$50 min)**
- Partial distribution from account *(no charge for RMDs or recurring distributions)*..... **\$20/per**
- IRA-to-IRA transfer/account closure..... **.5% of transfer amount***

**Max fee of \$150 if account is open more than 2 years / Max fee of \$250 if opened less than 2 years*

PAY FEES BY: VISA MC AMEX DISCOVER

CARD NUMBER: _____ **EXP DATE:** _____

NAME ON CARD: _____ **BILLING ZIP CODE:** _____

If I have cash in my account, please deduct any fees from the account. Otherwise, please charge my credit card.

Any fees deducted from the account will be withdrawn from uninvested cash. If there are insufficient uninvested funds in your account, we may liquidate other assets in your account to pay for such fees after a 30-day notification. You are permitted to switch your annual billing option once per 12 (twelve) month period. If the above fees are paid by someone other than me, I understand that I am ultimately responsible for the full payment of fees should the other party fail to, or cease to make payments.

Advanta IRA reserves the right to change all or part of our Fee Schedule at our discretion with 30 days advance notice.

Late fees: *If any fee remains unpaid for more than 30 calendar days, the fee will be subject to a late charge of \$25/month. This Fee Schedule is part of your agreement and must accompany your application.*

Printed Name **Signature** **Date**

1 General Information

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Advanta IRA Account Number
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2 Interested Party Designation

Please complete the information below to authorize your spouse, family members, advisor, CPA, attorney, or any other individual or company **to receive information about your account**. Please note that this individual will have unlimited access to your account information (including account statements and online access) but will NOT be able to make any changes to your account.

Name of Interested Party		Relationship
Interested Party Street Address		City, State, Zip
Phone Number	Fax Number	Email Address

Check here to *opt out* of permitting the IPD named above to receive account statements or have online access to your account.
Please note that for your IPD to have online access, you must provide a phone number and email address for this contact.

Name of Interested Party		Relationship
Interested Party Street Address		City, State, Zip
Phone Number	Fax Number	Email Address

Check here to *opt out* of permitting the IPD named above to receive account statements or have online access to your account.
Please note that for your IPD to have online access, you must provide a phone number and email address for this contact.

This designation will remain in effect until Advanta IRA (the "Administrator") has received written notice of revocation from you (the "Account Holder"). Account Holder agrees to indemnify and hold harmless Administrator, its affiliates, officers, employees, and/or the Custodian of the IRA, against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of reliance on this designation. These indemnity and hold harmless provisions shall survive any termination of this designation. The Administrator reserves the right to revoke access to your account to the Interested Party(ies) named above.

3 Signature and Acknowledgement

Account Holder Signature: _____	Date: _____
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1 General Information

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Advanta IRA Account Number	Deposit Amount
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2 Reason for Deposit*

<input type="checkbox"/> Contribution: For Tax Year: _____	Type of Contribution: (check all that apply)
<input type="checkbox"/> Deposit to Qualified Recordkeeping Account	<input type="checkbox"/> Employee: <input type="checkbox"/> Pre-Tax Amount: _____ <input type="checkbox"/> Roth Amount: _____
<input type="checkbox"/> Participant Loan Payment	<input type="checkbox"/> After-tax Amount: _____ <input type="checkbox"/> Employer: Amount: _____

**If the funds to be deposited are for a rollover, direct rollover, IRA transfer, or the sale of an asset, please do NOT use this form. Instead, please use the Rollover/Direct Rollover Certification Form or Sale Authorization Form as appropriate.*

Client Signature: _____ **Date:** _____