



Thank you for choosing Equity Trust Company and welcome!

Enclosed are the forms required to establish and fund your retirement account with Equity Trust Company.

ONCE YOU COMPLETED ALL REQUIRED FORMS, SEND TO:

BY MAIL: Equity Trust Company - P.O. Box 07520, Fort Myers, FL 33919

OVERNIGHT: 15671 San Carlos Blvd #101, Fort Myers, FL 33908-2788

BY FAX: (239) 466-5496

BY EMAIL: EISnewaccounts@TrustETC.com

SECURE UPLOAD: www.TrustETC.com/secure-upload

TO OPEN YOUR IRA WITH EQUITY TRUST COMPANY, WE WILL NEED:

- 1. ACCOUNT APPLICATION** (complete all 3 pages)
- 2. DRIVER'S LICENSE** (submit a copy of your driver's license)

TO TRANSFER FUNDS FROM AN EXISTING IRA

Traditional, Roth, SEP, SIMPLE Accounts

- **Complete transfer form**
- **Attach copy of recent statement**
- **Send the ORIGINAL transfer form to our office for processing**

TO ROLLOVER FUNDS FROM AN EMPLOYER PLAN

401(k), 403(b), PSP, Defined Benefit, or Other Plan

- **Request employer/plan administrator to rollover funds to your Equity Trust Company account**
- **Ensure check is made payable to: Equity Trust Company As Custodian FBO Client Name, Client Account #**
- **Complete Rollover form and mail check to Equity Trust Company for deposit**



Thank you for choosing Equity Trust Company and Welcome!

For processing, return via:

Mail:

Equity Trust Company
PO Box 07520
Fort Myers, FL 33919

Fax:

(239) 466-5496

Online Upload:

www.trustetc.com/secure-upload

IMPORTANT NOTICE

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. During the account opening process, we may ask for additional documentation or other identifying documents.

1 PERSONAL INFORMATION

LEGAL NAME (Required) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____			DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
LEGAL ADDRESS (Required)				
CITY, STATE, ZIP			COUNTRY OF CITIZENSHIP ☐ USA ☐ Other _____	
MAILING ADDRESS (Optional)			CITY, STATE, ZIP	
MOBILE PHONE	Would you like to receive updates via text/SMS?	Yes* No	SECONDARY PHONE	EMAIL ADDRESS
MARITAL STATUS ☐ Married	☐ Single ☐ Widowed or Divorced		REFERRED BY	

IDENTIFICATION** (Required by Federal Law. All applicants must provide the information below.)

Account Holder:	☐ U.S. Driver's License	☐ U.S. State ID	☐ U.S. Passport	☐ Other Government-Issued Passport
STATE/COUNTRY OF ISSUANCE	ID NUMBER	ISSUE DATE (MM/YYYY)	EXPIRATION DATE (MM/YYYY)	

EMPLOYER AND OCCUPATION

Employment Information:	☐ Employed	☐ Unemployed	☐ Retired
If employed, complete the following information:			
EMPLOYER NAME		OCCUPATION	
ADDRESS			
CITY	STATE	ZIP CODE	
If unemployed/retired, complete the following information:			
SOURCE OF INCOME		FORMER/MOST RECENT OCCUPATION	

*By selecting "Yes" you confirm you are opting in to receiving updates from Equity Trust Company via text message/SMS, including by not limited to account and transaction updates. You may opt out at any time by notifying Equity Trust Company. Messaging rates may apply - confirm with your mobile carrier for more details.

**Please include a copy of your photo ID (a cellular phone image is acceptable).

2 NOTIFICATIONS

How would you like to receive statements?

☐ Online (Free) ☐ Monthly (\$60/year) ☐ Quarterly (\$20/year) ☐ Annually (\$5/year)

Statement charges are \$5 per occurrence, billed at the time of the occurrence.

*For client online access, Equity Trust Company requires that you provide an email address in section 1 (above). Equity Trust Company is required to provide account holder statements, so failure to input an email in section 1 or failure to select an option above will default the account to quarterly statements at an annual cost of \$20.

3 ACCOUNT TYPE (Selection Required)

☐ Traditional IRA	☐ SEP IRA (please attach employer plan documents) Employer Name: _____	☐ SIMPLE IRA (please attach employer plan documents) Employer Name: _____
☐ Roth IRA		
☐ Inherited IRA Check one: Trad Roth IRA Inherited From: _____	☐ Health Savings Account Check one: Self-only coverage Family coverage	

PURPOSE

☐ Retirement	☐ Wealth Accumulation/ Investment	☐ Current Income (Dividends and Interest Payments)	☐ Healthcare
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SOURCE OF FUNDS

What best describes the initial source of funds for this account (check all that apply):

☐ Retirement Funds	☐ Investments
☐ Transfer	☐ Inheritance/Trust
☐ Rollover	☐ Other (describe sources of funds)
☐ Employment/Wages	_____

What best describes the ongoing source of funds for this account (check all that apply):

☐ Retirement Funds	☐ Investments
☐ Transfer	☐ Inheritance/Trust
☐ Rollover	☐ Other (describe sources of funds)
☐ Employment/Wages	_____

4 ACCOUNT FUNDING (Check all that apply)

☐ Annual Contribution Year contribution for: _____ Amount: _____	☐ Transfer Contribution Transfer from existing IRA or Employer Sponsored Plan	☐ Rollover Contribution Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan.	☐ Direct Rollover Contribution Rollover from Employer Sponsored Plan
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Signature: _____

Date: _____

5 BENEFICIARIES

- Please designate at least one Primary beneficiary.
- If primary beneficiary is a Trust, please complete Equity Trust Beneficiary Certification Form OR supply a copy of the Trust documents.

Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS	PHONE	BIRTHDATE/DATE OF ESTABLISHMENT	

Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS	PHONE	BIRTHDATE/DATE OF ESTABLISHMENT	

Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS	PHONE	BIRTHDATE/DATE OF ESTABLISHMENT	

Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS	PHONE	BIRTHDATE/DATE OF ESTABLISHMENT	

6 SIGNATURE AND ACKNOWLEDGEMENT

ACCOUNT HOLDER SIGNATURE

In the event of my death, or the last surviving joint tenant to transfer upon their death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. 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, if indicated). If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian.

Signature of Participant: _____ **Date:** _____

ACCOUNT HOLDER SIGNATURE

Complete this section only if Account Holder's legal residence is in a community property state [AZ, CA, LA, ID, NV, NM, TX, WA, WI] and Account Holder is choosing to name a beneficiary other than, or in addition to, Account Holder's spouse as the primary beneficiary.

By signing below, I acknowledge that I am the spouse of the Account Holder and agree with and consent to my spouse's designation of a primary beneficiary other than or in addition to me. I further acknowledge that I may be waiving part of or all my rights to receive benefits under this account when my spouse dies. I have had the opportunity to consult counsel or a financial advisor and I assume all responsibility regarding this consent. The custodian has not provided me any legal or tax advice.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature: _____ **Date:** _____

7 SIGNATURE AND ACKNOWLEDGEMENT

Custodian: The Custodian for my account will be Equity Trust Company. 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 Equity Trust 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 in 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.

No Tax, Legal or Investment Advice: I acknowledge and agree that the Custodian 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 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 and agree that neither the Custodian sell or endorse any investment products. If the services of the Custodian were 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 or the Administrator, and that the Custodian is not responsible for and are not bound by any statements, representations, warranties or agreements made by any such person or entity. The Custodian shall have no duty or responsibility to conduct any review as to the acquisition, retention, or disposition of any investment. I agree to consult 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 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 is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Taxable Income (UBTI) of tax-exempt organizations. I agree that if I direct the Administrator to make an investment in my account which generates UBTI, 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 UBTI; have no duty to and do not monitor whether or not my account has incurred UBTI; and do not prepare Form 990-T on behalf of my account.

Valuations: 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) or 223(h) 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 January 10th of each year, with substantiation attached to support the value provided. The Custodian does not conduct appraisals and does not verify any values provided to it by the IRA Holder or any investment representative. A value listed in an account statement is deemed accepted by the IRA Holder if not disputed by the IRA Holder in writing within 60 days of the statement being issued.

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.

Indemnification: I agree that the Custodian 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. I understand that the Custodian is acting only as my agent, and nothing will be construed as conferring fiduciary status on the Custodian.

I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' 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 (South Dakota Codified Law Sections 53-12 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 Custodian 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 if permitted by law.

Responsibility for determining eligibility and tax consequences: I assume complete responsibility for 1) determining that I am eligible to make a contribution to my account; 2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and 3) the tax consequences of any contribution (including a rollover contribution) and distributions.

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. 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.

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.

If you have any questions regarding this policy, please contact us at the address and/or telephone number listed on this application.

Integration: This IRA Application and the Custodial Agreement and Disclosure Statement encompass the entire agreement of the parties with respect to the subject matter of this Agreement, and supersedes all prior negotiations, agreements and understandings between the parties, whether written or oral, with respect thereto. The parties hereby acknowledge and agree that they have not relied on any representation, assertion, guarantee, warranty, other contract or other assurance, except as set forth herein, made by or on behalf of any other party or any other person or entity whatsoever, prior to the execution of this Agreement.

_____(Initial) By initialing or typing my initials, I acknowledge that I have received and read the Custodial Agreement, and per the Custodial Agreement, the Depositor acknowledges and agrees that the Custodian does not provide or assume responsibility for any tax, legal or investment advice with respect to the investments and assets in the Custodial Account and shall not be liable for any loss which results from the Depositor's exercise of control over the Custodial Account. The Depositor and the Depositor's beneficiary(ies) release, indemnify and agree to hold the Custodian harmless in the event that any investment or sale of the assets in the Custodial Account pursuant to a direction by the Depositor or the Depositor's Investment Advisor violates any federal or state law or regulation or otherwise results in a disqualification, penalty, tax or fine imposed upon the Custodian, Depositor or the Custodial Account.

_____(Initial) By initialing or typing my initials, I acknowledge that I have received and read the Custodial Agreement, and per the Custodial Agreement, the assets in the Custodial Account shall be valued annually at the end of each calendar year in accordance with section 408(i) and other guidance provided by the IRS, but Custodian retains the right to value the assets in the Custodial Account more frequently. In valuing the assets of the Custodial Account for record keeping and government reporting purposes, Custodian will ascertain the fair market value of each investment through utilizing various third-party pricing sources and designated valuation agents. However, Custodian does not guarantee the accuracy of prices obtained from these sources. Where assets are illiquid or their value is not readily ascertainable on either an established exchange or generally recognized market, the valuation is by necessity not a true market value and is merely an estimate of value, and Depositor agrees not to rely on any such valuation for any other purposes. Depositor agrees 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 Custodian shall designate, by no later than the following January 10th. If Custodian does not receive a current year end fair market value by the following January 10th for any such investment, the Custodian may take appropriate actions to receive the fair market value from an independent third party that specializes in valuations, paying the cost of such valuation from the liquid assets held in the Custodial Account, or in the alternative after having first received the cost of the valuation from Depositor or Depositor's beneficiary(ies) if liquid investments in the Custodial Account are otherwise insufficient. Unless Custodian has received a written fair market valuation to the contrary, promissory notes and privately offered corporate debt will have valuations reflected at the face value shown on the original note or debt instrument, or if the note is subject to an amortization schedule and the amortization schedule has been provided to Custodian by Depositor, valuation may be shown at the principal amount shown on the amortization schedule as of the end of the previous year. Depositor, and upon Depositor's death Depositor's beneficiary(ies), agree to indemnify and hold harmless 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 the Custodial Account.

_____(Initial) By initialing or typing my initials, I acknowledge that the Custodian does not endorse, affiliate, promote and/or sell services of any third party vendor or investment sponsor, regardless of whether my account's administrative fees are paid by such third party vendor or investment sponsor.

_____(Initial) By initialing or typing my initials, I acknowledge that the Custodian does not endorse, affiliate, promote and/or sell services of any third party vendor or investment sponsor, regardless of whether my account's administrative fees are paid by such third party vendor or investment sponsor.

_____(Initial) By initialing or typing my initials, I acknowledge as the account holder, or on behalf of the account holder, that the account holder has earned income for any contribution made.

PLEASE REFER TO THE CUSTODIAL AGREEMENT FOR THE COMPLETE DISCLOSURE REGARDING ARBITRATION.

THIS IS A CONTRACTUAL AGREEMENT. DO NOT SIGN UNTIL YOU HAVE READ THIS APPLICATION AND THE CUSTODIAL AGREEMENT CAREFULLY.

ACCOUNT HOLDER

IRA Holder Signature: _____

Print Name: _____

Date: _____



Use this form to transfer funds directly from your existing IRA to your Equity Trust Company IRA. **Please include a copy of a recent statement from your current custodian.**

1 PERSONAL INFORMATION

NAME (Your name as it appears in your plan)	SOCIAL SECURITY NUMBER
LEGAL ADDRESS	
PHONE	EQUITY IRA ACCOUNT NUMBER

2 CURRENT IRA CUSTODIAN

NAME OF CUSTODIAN/TRUSTEE	ACCOUNT NUMBER
CONTACT NAME (Optional)	PHONE NUMBER
TYPE OF ACCOUNT ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ Inherited - Traditional ☐ Inherited - Roth ☐ HSA ☐ ESA	

3 TRANSFER DETAILS (Market fluctuations and/or administrative fees may impact the transfer amount received)

- ☐ **Option One: Cash Transfer**
(Funds must be liquidated for request to be processed)

☐ **Full - Transfer All Available Cash**
(Funds must be liquidated for request to be processed)

☐ **Partial - Send Only \$ _____**
(Please include \$250 minimum balance requirement plus suggested 3 years fees)
- ☐ **Option Two: In-Kind Transfer**
(For Non-Cash Transfers Only)

☐ **Full - Transfer All Cash and Assets In-Kind**

☐ **Partial - Send Only the Assets Listed Below**
(Please include \$250 minimum balance requirement plus suggested 3 years fees)

All Funds Wired To:	Asset Description (in-kind transfers only)	Asset Contact (name)	Contact Email
Centennial Bank			
ABA: 082902757			
Credit Name: Equity Trust Company			
Credit Account: 1030311			
Further Credit: Client Name, Equity Acct #			

If your custodian does not accept electronic copies, how would you like this sent? ☐ Mail (No Charge - Default) ☐ Overnight (\$50 Fee)

4 SIGNATURE AND ACKNOWLEDGEMENT

- I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self directed account through execution of the account application.
- I understand the rules and conditions applicable to an Account Transfer.
- I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.

Your Signature: _____

Date: _____

ACCEPTANCE OF RECEIVING CUSTODIAN

Equity Trust Company accepts appointment as successor custodian/trustee for the assets identified on this form. Equity Trust ASSUMES NO FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER THE FUNDS AND ACTS ONLY AS A CUSTODIAN OF THE ACCOUNT.

TYPE OF ACCOUNT

☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ Inherited - Traditional ☐ Inherited - Roth ☐ HSA ☐ ESA

By: _____ Date: _____ Account #: _____



Account Fee Schedule
Institutional Services
Effective 7/15/2024

Account Establishment Fees

Account Set-up:

Online Application	\$50
Paper Application	\$100

Annual Fees: Choose ONE of the following options*

Option 1: Fee Based on Number of Assets		Option 2: Fee Based on Total Portfolio Value	
Asset Type	Annual Fee (Per Asset)	Total Portfolio Value	Annual Fee
Real Estate, LLCs, Private Placements, Notes	\$350	\$0 - \$44,999	\$350
Futures/Forex (per FCM)**	\$350	\$45,000 - \$59,999	\$425
Precious Metals (storage fees separate)	\$350	\$60,000 - \$89,999	\$500
Mortgage Payable**	\$350	\$90,000 - \$124,999	\$700
Crypto**	\$350	\$125,000 - \$249,999	\$950
Private Stock	\$350	\$250,000 - \$499,999	\$1,250
Traditional Brokerage/Bank Account	\$100	\$500,000 - \$749,999	\$1,650
Cash Only Account***	\$100	Over \$750,000	\$1,850

* If no selection is made, the account will default to Option 1

** Any account holding a mortgage payable, futures, forex, and crypto is not eligible for Option 2

*** Only applicable for asset based fee accounts with no assets and no buy/sell activity for the previous 12 months

Special Services Fees (Charged at time service is rendered)

Transaction Fees:	Service Fees:
Real Estate Purchase / Sale / Re-Registration \$200 each	Distribution Free (\$25 for paper submissions, check and wire fees apply where applicable)
Precious Metals / Trading / Bank Accounts \$50 each	Paper Statement Fee (Avoided by enrolling in eStatement) \$5 each
All Other Asset Purchase / Sale / Re-Registration \$125 each	Special Notification / Research Fee \$75 each Matured Notes, Late Fair Market Valuation, Valuation Research, Late Documentation
Capital Call / Additional Fundings / Trade Acct. Withdrawals (\$50 for paper submissions) \$25 each	Late Fees:
Funds Transfer Fees:	Late Fee \$20 monthly
Wire Transfer Fee (Domestic & International) \$30 each	Termination Fees:
ACH Transfers (\$10 for paper submissions) \$5 each	Full Termination Fee \$250
Check Deposits \$5 each	Partial Transfer Out \$50 each
Overnight Mail \$50 each	
Trust Checks (\$10 for paper submissions, Free for initial asset purchases) \$5 each	
Cashier's Check, Certified Mail, Stop Payment, Return Check/ACH \$30 each	
Service Fees:	
Rush Transactions \$150 each	

MINIMUM CASH BALANCE: Accounts must keep a minimum balance of \$250 undirected cash at all times. We reserve the right to not process transactions that will result in a cash balance below \$250.

Payment Information: Select how you would like to pay your annual fees

OPTION 1: DEDUCT FROM MY ACCOUNT (Default option if no payment selection is made)	OPTION 2: CHARGE MY CREDIT CARD (Future charges will default to that card provided during account application process)
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Billing Cycle: Annual fees will be assessed and due upon initial account opening, initial asset acquisition and annually on the 1st day of your billing cycle. Your billing cycle is defined as a 12-month period from day 1 of the month of your initial account opening. For example, if your account was initially opened on February 14th, your billing cycle would be February 1 through January 31. Fees for asset purchased made after the third quarter of your billing cycle may be adjusted accordingly. Fees for assets sold, transferred or otherwise removed prior to the end of your billing cycle will not be pro-rated and/or refunded. Fees paid from your account will be reflected on your account statement.

Past Due Fees: Fees that remain unpaid for more than 30 calendar days are considered past due and subject to a late charge of \$20 per month. After the 30 day notification we reserve the right to deduct from your undirected cash or liquidate assets, please see your accounts custodial agreement for full details. Accounts with past due fees will be closed. Any remaining assets will be distributed to the account holder, creating a taxable event reported to the IRS. Reinstatement eligibility is at Equity's discretion. To reinstate, all past due fees, late charges, and a \$250 reinstatement fee must be paid.

Print, Sign, and Return to Equity Trust Institutional Services:

Signature _____ Printed Name _____ Date _____