

☎ (888) 205 - 6036 📠 (505) 212 - 0494 ✉ operations@horizontrust.com
📍 Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

For Internal Use Only: Agent Pays Fees
Tracking Code: _____ Referral Code: _____

PART 1. IRA OWNER

Title:	First Name:	M.I.:	Last Name:	Suffix:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal Address:		Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address: <i>(If different than above)</i>		Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number: <i>(###-##-####)</i>		Date of Birth: <i>(MM/DD/YYYY)</i>	Email Address:		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Primary Phone:	Type:	Alt Phone:	Type:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

PART 2. ACCOUNT SETUP INFORMATION

I have reviewed the HTC Fee Schedule.

Account Setup Options

1. Please select an Account Activation Option¹:

- Standard
- Standard w/ Express Open
- Checkbook LLC Standard
- Checkbook LLC Expedited

¹If no election is made, "Standard" Activation will be selected by default.

Fee Payment Options

1. Choose a method of payment for Account Setup Fees:

- Deduct from Account
- Check Enclosed
- Charge Credit Card
(Complete Credit Card Payment Method Section)


2. Choose a method of of payment for subsequent Annual and Transactional Fees

- Deduct from Account
- Charge Credit Card
(Complete Credit Card Payment Method Section)

All accounts require a credit card on file as a secondary payment option to establish a new account. The credit card on file will not be charged unless indicated as the choice payment option or if the account does not have enough available cash for incurred fees.

Account Personal Identification Number

Please enter a 4-Digit PIN:

 The undersigned agrees to be bound by the terms and conditions of this PIN request form and the Horizon Trust Company Self-Direct Account Agreement. The undersigned agrees to keep the requested PIN confidential.

Credit Card Payment Method

I have read and understand the Self-Directed IRA Account Agreement regarding the credit card charge(s) and I authorize the credit card payment by Horizon Trust Company for fees to establish and/or maintain this IRA. Not limited to, but including Activation Fee, Annual Fee, and any special service fee or transactional fees to keep my account in good standing.

Select a Credit Card Type:

Visa Mastercard American Express Discover

Cardholder Name:

Card Number:

Expiration Date: (MM/YY)

Security Code:

Billing Address:

Apt/Unit/Ste:

City:

State:

Zip:

PART 3. ACCOUNT FUNDING INFORMATION

Please select all that apply. (Horizon Trust Company reserves the right to review all asset transfer/rollovers prior to accepting assets.)

Traditional IRA Funding Classification


One-Time Contribution (From Self or Spousal Contribution) Tax Year: Amount:

Monthly Contributions (From Self or Spousal Contribution; Current Tax Year Only) Monthly Amount:

Transfer (Direct movement of assets from a Traditional IRA, SEP IRA, or SIMPLE IRA) Amount:

Inherited Traditional IRA Amount:

Rollover (60-day IRA distribution from a Traditional IRA/SEP IRA/SIMPLE IRA/Qualified plan) Amount:
 By selecting this option, I irrevocably designate this contribution as a Rollover.

Recharacterized Contribution Amount:
 By selecting this option, I irrevocably designate this contribution as a Recharacterization.

If you are 72 or older this year, complete the following: (If Applicable)

(Checking any of the options below will adjust your Required Minimum Distribution.)

This is a rollover or transfer of assets removed last year. Please complete the information below.

Date of Removal:

This is a transfer from my deceased spouse's Traditional IRA. Assets were removed from the IRA in any year after death.

Value as of Dec 31st of last year:

This is a recharacterization of a conversion or taxable retirement plan rollover to a Roth IRA made last year.

Funding & Check Titling

Because your account is considered to be the legal owner of your investments, all assets and documents must reflect this ownership. Failure to title assets correctly may cause delays and/or tax consequences. The correct titling should be as follows:

“Horizon Trust FBO: (Your Name) (Account Type)”

Example: Horizon Trust FBO: Jane Doe Roth IRA

PART 4. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary. The total beneficiary share percentage designated MUST equal 100%. Treasury Reg 1.401(a)(9) defines an eligible trust as beneficiary as irrevocable or a revocable trust that it becomes reclassified as irrevocable upon death. If a revocable trust is listed as either a primary or contingent beneficiary, the account owner is responsible to ensure it meets the IRA requirements.

I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

Beneficiary 1. Primary Beneficiary Contingent Beneficiary

Title: First Name: M.I.: Last Name: Suffix: Share %:

Address: Apt/Unit/Ste: City: State: Zip:

SSN or EIN: Date of Birth: (MM/DD/YYYY) Relationship:

Beneficiary 2. Primary Beneficiary Contingent Beneficiary

Title: First Name: M.I.: Last Name: Suffix: Share %:

Address: Apt/Unit/Ste: City: State: Zip:

SSN or EIN: Date of Birth: (MM/DD/YYYY) Relationship:

Beneficiary 3. Primary Beneficiary Contingent Beneficiary

Title: First Name: M.I.: Last Name: Suffix: Share %:

Address: Apt/Unit/Ste: City: State: Zip:



SSN or EIN: Date of Birth: (MM/DD/YYYY) Relationship:

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached: _____

PART 5. SPOUSAL CONSENT

Spousal consent should be considered if either the trust or the residence of the IRA owner is located in a community or marital property state. (*Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin*)

Current Marital Status

- I Am Not Married  I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married  I understand that if I choose to designate a primary beneficiary other than, or in addition to, my spouse should sign below.

Consent of Spouse

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the IRA owner my interest in the assets or property deposited in this IRA and consent to the Beneficiary Designation indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse:	Spouse Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 6. ACCOUNT OWNER AUTHORIZATION

Important: Please read before signing.

I understand the eligibility requirements for the type of IRA deposit I am making, and I state that I do qualify to make the deposit. I have received a copy of the IRA Application, Self-Directed Account Agreement, the 5305-A Custodial Account Agreement, the Financial Disclosure, and the Disclosure Statement. I understand that the terms and conditions that apply to this IRA are contained in this Application and the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA, I may revoke it without penalty by mailing or delivering a written notice to the custodian.

I assume complete responsibility for 1) Determining that I am eligible for an IRA each year I make a contribution, 2) Ensuring that all contributions I make are within the limits set forth by the tax laws, and 3) The tax consequences of any contributions (including rollover contributions) and distributions.

Signature of IRA Owner:	IRA Owner Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 7. IRA CUSTODIAN INFORMATION

Horizon Trust Correspondence
PO BOX 27068
Newark NJ 07101

Phone: (888) 205 - 6036
Fax: (505) 212 - 0494

Email: operations@horizontrust.com
Website: www.horizontrust.com



PRESERVE GOLD FEE SCHEDULE

Self-Directed Retirement Accounts

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

TRADITIONAL, ROTH, SEP, SIMPLE

Service Fees

Setup Fee and Year 1 Annual Fee	\$200
Annually After Year 1 ¹	\$200

SERVICES & OPTIONAL FEES

Express Account Open ² (Recommended)	\$50	Returned Check Fee	\$30 each
Overnight Mail Fee	\$50	Late Fee	\$25 per 30 days
Form 1099-R	\$100	Termination Fee	\$500
Stop Payment	\$30 each		

Fees are subject to change with 30 days written notice. ¹The annual fee is calculated by multiplying the account value by the multiplier. The annual fee is billed in the anniversary month each year. ²Express Account Open is same day processing when establishing a new account. All Horizon Trust accounts require a credit card on file as a secondary payment option to establish an account. The credit card on file will not be charged unless indicated as the choice payment option, or if the account does not have enough available cash for incurred fees.

Signature of Account Owner:	Account Owner Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Important: This form contains important disclosures about your duties and responsibilities with regard to opening a Self-Directed Individual Retirement Account with Horizon Trust Company, as your custodian. You are responsible for the investment of all assets within your account. These investments may involve a high-degree of risk. Horizon Trust Company will make no investigation or conduct due diligence reviews as to the viability or safety of the investments that you select. You should seek the advice of legal counsel and other professional advisors with respect to your investments. **Read this entire form carefully before you complete and sign it. By signing this form you consent to all terms and provisions shown on all pages.**

PART 1. IRA OWNER INFORMATION

Title:	First Name:	M.I.:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number: (###-##-####)	Phone:	Email Address:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

PART 2. DISCLOSURE & ACKNOWLEDGMENT

By this document and a Traditional/Roth/SIMPLE/SEP/CESA/HSA/Individual 401K plan agreement, I am naming Horizon Trust Company custodian for my Self Directed IRA. In directing this action, I hereby make the following certifications in accordance with my Horizon Trust Company custodial account agreement:

1. I understand the requirements put forth by the IRS to establish an IRA and certify that I am eligible to establish a Traditional/Roth/SIMPLE/SEP/CESA/HSA/Individual 401K account. Furthermore, I understand that it is not the responsibility of Horizon Trust Company to advise me as to the deductibility or non-deductibility of any contributions to my account. The reporting of my contributions and how they are handled are completely up to me.
2. I understand that my Account is self-directed. This means that I am responsible for the selection, management, and retention of all investments held within my Account. I understand that Horizon Trust Company is in no way responsible for providing investment advice or recommendations, and that Horizon Trust Company is not a "fiduciary" for my Account as such term is defined in the Internal Revenue Code ("IRC"), ERISA, Financial Institutions Division of the State of New Mexico, Blacks Legal Dictionary or any other applicable federal, state or local laws.
3. I understand that it is my sole responsibility to manage the investment held within my Account, and that Horizon Trust Company has no responsibility to question any investment directions given by me or my Designated Representative, (if I have appointed one), regardless of the nature of the investment. I understand that Horizon Trust Company is in no way responsible for monitoring the performance of the investment held within my Account. I understand that Horizon Trust Company will not conduct a due diligence review of any investment, nor will Horizon Trust Company make any investigations with regard to any investment, any issuer or sponsor of any investment, or any officer, director, or other person or entity involved or affiliated with my investments. I understand that Horizon Trust Company will not review the prudence, viability or merits of any of my investments.

4. I understand that, if my Designated Representative or any other financial representative suggested that I retain Horizon Trust Company's services as custodian for investments made through my Account, such person is not in any way an agent, employee, representative, or affiliate of Horizon Trust Company. I acknowledge that Horizon Trust Company is not responsible for and is not bound by any representations, warranties, statements or agreements made by my Designated Representative or any financial representative beyond the terms and provisions contained in my Horizon Trust Company Custodial Account Agreement and other Horizon Trust Company forms and/or documents. I further understand that Horizon Trust Company has not made and will not make any recommendation or investigation with respect to my Designated Representative or any financial representative, nor does Horizon Trust Company compensate my Designated Representative or financial representative in any manner.
5. I understand that Horizon Trust Company does not make any determination as to whether an investment is acceptable under ERISA, the IRC, or any other applicable federal, state or local laws, including securities laws. I acknowledge that it is my responsibility to review any investments to ensure compliance with the above requirements and to avoid the occurrence of any prohibited transactions in my Account arising out of my investments. I understand that I should have all investments reviewed by my attorney and/or tax advisor prior to directing Horizon Trust Company to process any transaction on behalf of my account.
6. I understand that certain transactions are prohibited for tax-exempt retirement arrangements under IRC Section 4975. I further understand that the determination of whether the transactions directed by me within my account are prohibited transactions depends on the facts and circumstances that surround each transaction, and I understand that Horizon Trust Company makes no determination as to whether any transaction directed by me is a prohibited transaction. I understand that it is solely my responsibility to consult with advisors as I deem necessary and appropriate, and that I will warrant to Horizon Trust Company that the investments directed by me are not prohibited transactions as defined in IRC Section 4975. I understand that I may not invest with a "disqualified person" as defined in IRC Section 4975 or a "party in interest" as defined in IRC Section 4975. I understand that should my Account engage in a prohibited transaction, a taxable distribution equal to the fair market value on my Account will result and certain penalties may be incurred. I further understand that if such a deemed distribution takes place prior to my attaining 59 1/2, an additional premature distribution excise tax may be imposed.
7. I understand that I cannot make investments without having the liquid funds in my Account. In addition, if any investment contains provisions for future contractual payments or assessments, including margin calls, I acknowledge that such payments or assessments shall be borne solely by my Account to the extent such payment is authorized by me or my Designated Representative, and may reduce or exhaust the value of my Account. I further agree to indemnify Horizon Trust Company for any and all payments or assessments which may result from holding the investment within my Account, and I understand that Horizon Trust Company shall be under no obligation whatsoever to extend credit to my Account or otherwise disburse payment beyond the cash balance of my Account for any payment or assessment related to the investment.
8. I understand that if the investment contains any administrative requirements or duties beyond Horizon Trust Company's normal and customary services, then I agree to seek out suitable agents or counsel necessary to perform such duties and deliver written service agreements acceptable to Horizon Trust Company for execution on behalf of my account.
9. I understand that Horizon Trust Company has no responsibility or duty to notify me or to forward to me any notices, proxies, assessments or other documents received by Horizon Trust Company on behalf of my investments, unless I, or my Designated Representative, request each such document in writing.
10. I agree to furnish payment instructions to Horizon Trust Company regarding any invoice, assessment, fee or any other disbursement notification received by Horizon Trust Company on behalf of my investments, and I understand that Horizon Trust Company has no duty or responsibility to disburse any payment until such instructions are received from me, or my Designated Representative.
11. If I direct Horizon Trust Company to purchase a debt instrument as an investment, I agree to enter into an escrow servicing agreement with a third-party Agent on a form acceptable to Horizon Trust Company or to be my own agent in order to administer the terms of the note on behalf of my account. I understand that should I choose a third-party Agent it is still my responsibility to monitor the timeliness of payments and collection of payments. If I elect to renew or re-negotiate the terms of my instrument, I agree to notify the third-party agent and Horizon Trust Company as custodian of my account.
12. If any of the investments I purchase for my account are limited partnerships or limited liability companies, I understand that such investments may generate Unrelated Business Taxable Income, or "UBTI". I further understand that, if the UBTI attributable to my Account exceeds \$1,000 for any taxable year, an IRS Form 990-T tax form must be filed along with the appropriate amount of tax, payable from the assets of my account. I understand that Horizon Trust Company does not monitor the amount of UBTI in my Account and does not prepare Form 990-T. If the tax is applicable, I agree to prepare, or cause to have prepared, the proper 990-T tax form and forward it to Horizon Trust Company, along with authorization to pay the tax from my Account. If I am required to File IRS Form 990-T with regard to any UBTI, I understand that I must utilize an Employer Identification Number ("EIN"). I will not use Horizon Trust Company's EIN or my own social security number. I understand that I must apply for my own EIN prior to or in conjunction with requesting Horizon Trust Company to pay any taxes I may owe with regard to any UBTI that might be incurred.

13. I understand that Horizon Trust Company has no duty or responsibility to monitor the performance of my Investments or actions of the sponsor, nor to monitor the sufficiency or adequacy of my actions or duties or those of my heirs, successors, agents or assigns, and Horizon Trust Company will not be required to monitor the acts of any paid consultant to whom Horizon Trust Company may have contractually delegated any duties or responsibilities pursuant to my directions or the directions of my Designated Representative.
14. I understand that Horizon Trust Company must have an annual market value or good faith estimate (via an independent appraisal) of the value for all investments in my account and that it is my responsibility to provide such market value or good faith estimate. I further understand and acknowledge that if Horizon Trust Company has not been provided with an annual market value or good faith estimate, Horizon Trust may distribute that Investment in-kind to me at either the original acquisition cost or the last known value.
15. I agree to be responsible for any and all collection actions, including contracting with a collection agency or instituting legal action, and bringing any other suits or actions which may become necessary to protect the rights of my Account as a result of the operation or administration of my investments. I understand that any legal filings made on behalf of my investments are to be made in the name of "Horizon Trust Company Custodian for the Self-Directed IRA of (my Name)." I agree that I shall not institute legal action on behalf of my investments without Horizon Trust Company's written consent to litigate and that I shall prosecute any legal action at my own expense, including payment of attorney's fees and court costs. I agree that any such legal action will be carried out in a manner that does not cause Horizon Trust Company to incur any costs or legal exposure. I hereby agree to indemnify Horizon Trust Company for any loss, cost or expense, including attorney's fees that it may incur in any collection activity or legal proceeding.
16. I understand that should I choose to invest in precious metals it is my responsibility to perform adequate due diligence on the broker I choose to invest with and that the investment I make is an acceptable investment according to IRC 4975. Precious metal accounts are subject to additional fees due to storage costs.
17. I understand that Horizon Trust Company reserves the right to liquidate any and/or all investments in my account in order to satisfy any outstanding fees owed to Horizon and that Horizon may also at their discretion distribute my account to me due to non-payment of fees. The account will be distributed at the FMV as reflected on my latest Horizon account statement and I may have a tax liability because of this distribution, however, I agree to hold Horizon Trust Company harmless of said liability.
18. I understand that all investments held within my Account are not guaranteed by Horizon Trust Company and that my investments may lose value.

PART 3. PROHIBITED TRANSACTIONS SUMMARY

Below is a summary of the Internal Revenue Code Section 4975 and IRS publication 590 regarding IRA prohibited transactions and disqualified persons. This is a summary and not a comprehensive reproduction of both the Code and the publication. Before making an IRA investment, you should consult a tax professional to be certain you are not entering into a prohibited transaction which could disqualify your entire IRA.

General Statement: A prohibited transaction is any improper use of your IRA by you, your beneficiary, or any disqualified person.

Section 4975 (c) prohibited transactions include but are not limited to any direct or indirect:

- a. sale or exchange, or leasing, of any property between a plan and a disqualified person;
- b. lending of money or other extension of credit between a plan and a disqualified person;
- c. furnishing of goods, services, or facilities between a plan and a disqualified person;
- d. transfer to, or use by or for the benefit of, a disqualified person of the income or assets of a plan.

Disqualified person: your fiduciary, any members of your family including spouse, ancestor, lineal descendant, and any spouse of a lineal descendant.

*Remember that your Horizon Trust Company IRA is fully self-directed. **You are responsible for the selection, management, and retention time of your investment.** Horizon Trust Company will accept a direction of investment from you for any asset not specifically prohibited by the IRS. If you have any questions regarding any transaction in your IRA, seek help from a tax professional before instructing Horizon Trust Company.*

PART 4. ARBITRATION AGREEMENT

In the event a claim or dispute of any kind or nature arises between the Depositor and Custodian, including the scope of this arbitration clause, it shall be resolved by arbitration conducted in Albuquerque, New Mexico, as follows:

- a. either party may submit the matter to arbitration by serving a complaint on the other party that sets forth the nature of the claim. Service may be made by certified mail to the designee. The parties shall mutually select an arbitrator who shall be a retired judge or an attorney licensed to practice law in the state of New Mexico, and shall have not less than ten years of experience in servicing as arbitrator or judge in disputes or litigation concerning the subject matter of the dispute.
- b. the arbitrator shall conduct an evidentiary hearing and issue a final award within 180 days of his or her appointment. The arbitrator shall be bound to follow and apply the substantive law of the state of New Mexico, and the procedural and evidentiary rules of the state of New Mexico in effect at the time of any arbitration proceeding hereunder.
- c. the arbitrator shall award reasonable attorney's fees and costs of arbitration to the prevailing party.
- d. If the parties cannot agree upon the appointment of an arbitrator, either party may file a petition in the Second Judicial District Court to appoint an arbitrator.

PART 5. ACCOUNT OWNER AUTHORIZATION

I acknowledge that I have sole responsibility for directing the investments of my Account. I understand that Horizon Trust Company may perform administrative review on any of my investments to determine if the investments are feasible for Horizon Trust Company to maintain appropriate records as to each investment. I acknowledge, however, that Horizon Trust Company will not perform a due diligence review, and will not undertake any investigation as to the prudence, viability, merits, or suitability of any investment in my Account. I agree to hold Horizon Trust Company harmless from any liability for any loss, damage, injury, or expense which may occur as a result of the execution of my direction of investment.

By signing below I acknowledge that I have read and understand this Client Responsibility Form and specifically acknowledge that I have read and understand Part 3. Prohibited Transactions Summary on page three (3) of this document.

Signature of IRA Owner:

IRA Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*



LIMITED ACCOUNT ACCESS Authorization Request

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com
Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

Complete this form to grant limited account access to an individual who is not an account owner.
Account owners already have account access authority.

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 2. ADDITIONAL AUTHORIZED INDIVIDUAL INFORMATION

I hereby authorize the below named individual to have the limited access authority indicated until such time as I should notify Horizon Trust Company to remove such account access.

Authorized Individual Information (Authorized Individual cannot be a minor.)

Full Name:	Email:	Phone:		
Preserve Gold Group, Inc.	ira@preservegold.com	(877) 444-0923		
Address:	Apt/Unit/Ste:	City:	State:	Zip:
21700 Oxnard St.	Suite 430	Woodland Hills	CA	91367

Access Option Authorization

Please select all information access options that apply.

- Full access to all account information including statements.
- Access to pending Transfer/Rollover information only.
- Web Access for my account only.
- Access to account balance information only.
- Access to information on the following specific asset(s) or company:

Pre-Existing Individual Authorization

- Keep all previously listed Authorized Individuals.
- Remove all previously listed Authorized Individuals.
- Remove only the following Authorized Individual:

PART 3. AGREEMENT & AUTHORIZATION

Authorized Individual Agreement

By signing below, you:

- Acknowledge that you have received a copy of this Limited Account Access form, and you state that you have read it, you understand it, and you accept all of its terms and conditions.
- Indemnify and hold harmless Horizon Trust Company and any and all agents or employees with respect to this Limited Account Access Authorization form.
- Agree to be bound by the current and future terms of all agreements, and by any applicable disclosures, between the account owner(s) and Horizon Trust Company.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that we may refuse to approve you as authorized agent, or may remove you as authorized agent from this or any other account, at any time and for any reason.
- Agree to act in compliance with all applicable laws and regulations.

Signature of Authorized Individual:

Authorized Individual Name: *(Print or Type)*

Preserve Gold Group, Inc.

Date: *(MM/DD/YYYY)*

Account Owner Agreement

By signing below, you:

- Acknowledge that you have received a copy of this Limited Account Access form, and you state that you have read it, you understand it, and you accept all of its terms and conditions.
- Authorize Horizon Trust Company to act on all instructions given on this form.
- Designate the individual identified in this form as an Authorized Individual, granting that individual the ability to obtain account information at the level of access authority indicated.
- Certify that all information you provided is correct to the best of your knowledge.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

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In order to process your investment in a timely manner, please ensure to complete all of the following form fields. Failure to complete the following form fields properly may cause delays in the processing of your investment.

Prior to processing your investment instructions, please verify that the issuer or sponsor of your investment has provided Horizon with all required materials and forms. If the sponsor has not provided the correct information, your investment instructions may be delayed.

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 2. DEPOSITORY INFORMATION

The Custodian, Horizon Trust, uses Delaware Depository Services Company for the storage and safekeeping of precious metals. I understand that the Custodian is not and cannot be held responsible for the actions of this depository and I hereby release and hold the Custodian harmless from any damages that I may incur with respect to the depository and any activities or lack of activities on the part of said depository. I further acknowledge that transaction fees specific to Delaware Depository Services Company vary depending on the transaction requested. Upon receipt of this form, I authorize the Custodian to contact Delaware Depository Services Company in order to estimate the transaction fees and I acknowledge that no transaction will be complete until payment of such transaction fees is made in full.

Depository Name:	Phone:	Fax:	
<input type="text" value="Delaware Depository Services Company"/>	<input type="text" value="(302) 765-3889"/>	<input type="text" value="(302) 762-2674"/>	
Address:	City:	State:	Zip:
<input type="text" value="3601 North Market Street"/>	<input type="text" value="Wilmington"/>	<input type="text" value="DE"/>	<input type="text" value="19802"/>

 Metals will be designated as Comingled Allocated Holdings Sub-Accounted by Customer.

PART 3. PRECIOUS METALS DEALER INFORMATION

The dealer will provide an invoice with complete delivery instructions for the investment including: payee quantity, metal type, asset name or description, price per unit, total purchase price, the name and complete address of the payee, and any special instructions regarding the purchase, shipping, and handling of the investment purchase. Custodian will advise the dealer indicated below of this authorization and the cash in the account, and await confirmation from the depository indicated above.

Dealer Name:	Dealer Representative Name:		
<input type="text" value="Preserve Gold Group, Inc."/>	<input type="text" value="ira@preservegold.com"/>		
Address:	City:	State:	Zip:
<input type="text" value="21700 Oxnard St, Suite 430"/>	<input type="text" value="Woodland Hills"/>	<input type="text" value="CA"/>	<input type="text" value="91367"/>
Email:	Phone:	Fax:	
<input type="text" value="ira@preservegold.com"/>	<input type="text" value="(877) 444-0923"/>	<input type="text"/>	

PART 4. FUNDING PAYMENT INSTRUCTIONS

- I elect to wire the asset purchase funds to the dealer listed above via the following wire information. I acknowledge that all accounts are required to maintain a minimum cash balance of \$500. If my request would drop my balance below this amount, my request may not be processed.

Bank Name:

JPMorgan Chase

Phone:

1 (212) 270-6000

Bank Address:

10430 Highland Manor Drive

City:

Tampa

State:

FL

Zip:

33610

Wiring Account #:

867356781

ABA (Routing) #:

322271627

I authorize the Custodian to accept the completion of transaction details provided by the precious metals dealer listed above. Incomplete instructions will delay payment for your asset, or may misdirect funds.

Initials

PART 5. DIRECTION OF INVESTMENT DISCLOSURE

1. Accountholder Warranties. As an accountholder of a Self-Directed Retirement Account, I warrant the following:
 - a. I warrant that I have properly titled any asset held by my retirement account;
 - b. I warrant that any individuals and/or entities associated with this investment does not constitute a "disqualified person" as defined by 4975(e)(2);
 - c. I warrant that I am not receiving any personal benefit from the investments made by my retirement account (e.g. using rental property as a vacation home);
 - d. I acknowledge that if my retirement account invests in an asset that does not provide automatic updates in regard to its fair market value (FMV), I must provide that value to Horizon Trust Company each year as requested;
 - e. I acknowledge that an investment in my retirement account may create Unrelated Business Taxable Income (UBTI), and I should consult my tax advisor on the tax consequences of my investment;
 - f. I warrant that my retirement account has invested in an asset that complies with all applicable federal and/or state requirements;
 - g. I warrant that I have provided all documentation associated with the Direction of Investment and accept all risk that may be associated with the asset I have chosen; and
 - h. I understand that Horizon Trust Company does not insure the investments made by my retirement account.
2. Neither Custodian nor any employee or agent of Custodian has selected nor recommended any investment for me: and neither Custodian, nor any employee or agent of Custodian has acted as a broker-dealer or salesperson in completing any purchase or sale of an investment of a security from me, except where Custodian may purchase or sell a publicly held security on my behalf, at my own direction through its affiliate that receives a commission for such a transaction.
3. Custodian are neither an agent or representative of any investment program or other entity in which or with which I may invest, and any salesperson, promoter, financial advisor, broker or other part involved in the purchase or sale of my investment shall be considered my own agent and representative and not the agent or representative of the Custodian. Custodian will have no duty or responsibility to investigate or make recommendations as to my choice of agent. Custodian shall not be responsible for or bound by any representations, warranties, statements or commitments made by such party.
4. Custodian is acting solely as a passive Custodian to hold IRA assets and in no other capacity; an affiliate may receive a commission in connection with the unsolicited purchase or sale of a publicly traded security. Custodian will have no responsibility to question any investment directions given by me or any appointed financial representative. I further understand that the Custodian does not compensate nor receive compensation from the undersigned chosen representative.
5. Custodian shall be under no obligation or duty to investigate, analyze, monitor, verify title to or otherwise evaluate any investment contemplated herein, or to obtain or maintain insurance coverage (whether liability, property or otherwise) with respect to any assets or investment purchase by me. Custodian shall not be responsible to take any action should there be any default with regard to this investment.
6. It is not the responsibility of Custodian to review the prudence, merits, viability or suitability of any investment made by me or to determine whether the investment is acceptable under ERISA, the Internal Revenue Code or any other applicable law. I understand that under certain transactions are prohibited in individual retirement accounts and qualified retirement plans under Section 4975 of the Internal Revenue Code. I further understand that the determination of a prohibited transaction depends on the facts and circumstances that surround the particular transaction.
7. Custodian will make no determination as to whether my investment is prohibited. I further understand that should my IRA engage in a prohibited transaction, my account will incur a taxable distribution as well as possible penalties.
8. I represent to Custodian that I have consulted with my own legal and accounting advisors to insure that my investment does not constitute a prohibited transaction and that my investment complies with all applicable federal and state laws, regulations and requirements including without limitation that the offering entity or individual is not a disqualified person under IRC 4975 (e)(2).
9. In the event any investment for my retirement account produces taxable income (unrelated or debt financed) pursuant to IRC 511-514. I agree to prepare or have prepared for me, the required 990T tax form along with a direction of investment authorizing the Custodian to pay taxes from my account. Forms need to be submitted to the Custodian for filing five (5) days prior to the date which they are due.

10. Custodian does not provide legal or tax services or advice with respect to my investment; and the undersigned releases and indemnifies, and agrees to hold harmless and defend Custodian in the event that my investment or sale of assets pursuant to the Direction of Investment violates any federal or state law or regulation or otherwise results in a disqualification, penalty, fine or tax imposed upon the IRA, Custodian, or the undersigned.
11. Custodian shall be fully protected in acting upon any instrument, certificate or paper believed to be genuine and to be signed or presented by the proper person or persons whether or not by facsimile or other copy, and Custodian shall be under no duty to make any investigation or inquiry as to any statement contained in any such writing, but may accept the same as conclusive evidence of the truth and accuracy of the statements therein contained.
12. The undersigned represents to Custodian that if any investment is a "security" under applicable federal or state securities laws, such investment has been registered or is exempt from registration under federal and state securities laws and the undersigned releases and waives all claims against Custodian for its role in carrying out the instructions of the undersigned with respect to such investment. The undersigned acknowledges that the foregoing representation is being relied upon by Custodian in accepting the undersigned's Direction of Investment and agrees to indemnify Custodian with respect to all costs, expenses (including attorney's fees). Fines, penalties, liabilities, damages, actions, judgments and claims arising out of such investment and/or breach of the foregoing representation.
13. The undersigned authorizes and directs Custodian to execute and deliver, on behalf of my IRA, any and all documents delivered to Custodian in connection with my investment and Custodian shall have no responsibility to verify or determine that any such documents are complete, accurate or constitute necessary to comply with this Direction to Invest form.
14. Custodian shall only be responsible to comply with those investment directions given by the undersigned to purchase, retain and/or sell assets attainable by Custodian on a recognizable change or otherwise, including, without limitation, bank deposits, real property, promissory notes and other indebtedness, mortgages, viaticals, securities, interests in partnerships and limited liability companies, accounts receivable, security interests, etc.; provided in each case that the investment may be obtained by Custodian and is compatible with its administrative and operational requirements and framework, as determined by the Custodian, in its sole discretion.
15. The undersigned agrees that any documents sent to the undersigned by Custodian in connection with my investment shall be deemed approved by the undersigned, unless written notice the contrary is received by the Custodian within five (5) days after delivery of such documents by Custodian.
16. Custodian shall have no duty or responsibility to disburse any payment for any investment without any express direction. I agree to furnish Custodian with payment instructions utilizing Custodian's Direction to Invest Form. Custodian will also have the right not to affect any transaction/investment in which it deems to be beyond the scope of its administrative capabilities or expertise.
17. Custodian shall use reasonable efforts to acquire or sell investments in accordance with the directions of the undersigned within a reasonable period of time after the Custodian has received an investment direction and Custodian shall make reasonable efforts to notify the undersigned if Custodian is unable or unwilling to comply with an investment direction. Custodian shall, subject to the foregoing, remit funds as directed, but has no responsibility to verify with the asset that such funds have been invested to purchase or acquire the asset selected by me.
18. The undersigned consents to the Fee Schedule of Custodian as in effect, may be modified from time to time.
19. The undersigned understands that valuations of illiquid assets (assets that are not traded on a public exchange) are generally reported at cost, or values provided to us by issuers, program sponsors, IRA owners or estimates of value. These values are only for guidance or reporting purposes and should not be deemed an accurate representation of true market value of the asset. Where no readily available market information exists, assets may be designated "not available".
20. Any suit filed against Custodian arising out of or in connection with its role as Custodian of the undersigned's IRA shall only be initiated in the courts of Bernalillo County, New Mexico; and the undersigned agrees to submit to such jurisdiction.
21. The undersigned agrees to reimburse or advance to Custodian, on demand, all legal fees, expenses, costs, fines and penalties incurred or to be incurred in connection with the defense, contest or prosecution of any claim made, threatened or asserted pertaining to the undersigned's investment through Custodian, including without limitation, claims asserted by the undersigned, any state or federal regulatory authority or self-regulatory organization.
22. The undersigned releases and indemnifies, holds harmless and defends Custodian from any and all claims, damages, liability, actions, costs, expenses (including, without limitation, attorney's fees) and responsibility for any loss resulting to the IRA, the undersigned or to any beneficiary or incurred by Custodian, in connection with or by reason of any sale or investment made or other action taken (or omitted to be taken) pursuant to and/or in connection with the above Direction.
23. Our trust company is in full concert with the SEC news alert. As a member of RITA, Horizon Trust Company is working through the Association to develop more efficient inter-agency and Association communications regarding suspicious activities. Horizon is also developing investor awareness forms and web-based information that will be made available to our customers and prospects to help them avoid any fraudulent investment sponsors. You will find this at <http://www.rita.us.org/> and <http://www.nasaa.org>.
24. Horizon Trust Company strongly advises you to look into the background and track record of any asset sponsor you may decide to invest with. Avoid any extraordinary claims for investment returns, especially in today's depressed markets. If anyone suggests that Horizon or the IRS has "approved" their investment, decline their offering, as neither Horizon nor the IRS ever approves investments. Take advantage of the information on the regulatory agencies web-sites for other "red flags" that may be indicative of fraud, or call us if you think there may be suspicious activity associated with an asset you currently hold. Horizon has developed a collaborative relationship with industry regulators and can communicate legitimate concerns you may have. Our trust company is committed to cooperating with regulators in their effort to mitigate or eliminate fraud, and Horizon wants to help you protect your retirement savings.

PART 6. ACCOUNT OWNER AUTHORIZATION

I understand this is a self-directed account meaning that I am solely responsible for the selection, due diligence, management, review, retention and liabilities of all investment(s) and for the accuracy of the instructions provided to the Custodian or Administrator to fulfill those investments. I understand the Custodian and Administrator are not fiduciaries and do not provide investment, tax or legal advice. I hereby direct the passive Custodian to enact the transaction for my account, in accordance with the direction of investment. I have read and received all pertinent information related to the investment in the DOI.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

☎ (888) 205 - 6036 📠 (505) 212 - 0494 ✉ operations@horizontrust.com
 📍 Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

PART 1. PARTICIPANT INFORMATION (Do not use this form for conversions to a Roth IRA)

Type of IRA Transfer:

Traditional IRA to Traditional IRA
 SEP IRA to Traditional IRA
 SEP IRA to SEP IRA
 Roth IRA to Roth IRA
 SIMPLE IRA, 1st Year of Participation:
 Other:

Resigning Custodian Name: Phone:

Address: City: State: Zip:

Participant Name: Social Security Number: (###-##-####) Account #:

Can this IRA Transfer Request be faxed? No Yes, fax to:

PART 2. DISTRIBUTION REASON

I hereby direct the resigning custodian listed above to execute the following transfer option(s) indicated below.

Option A: Complete Transfer

Liquidate all assets and transfer cash balance Est. Cash Amount:
 Transfer all assets in-kind and entire cash balance Est. Cash Amount:

Option B: Partial Transfer

Cash balance to be transferred Amount:

Asset Description:	Quantity to Transfer:	Liquidate Immediately	Transfer In-Kind
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3. DELIVERY INSTRUCTIONS

Via Regular Mail

Horizon Trust Deposits
PO BOX 27067
Newark NJ 07101

Via Overnight Mail

CMS Image Remit
Attention: PO Box 27067
205 North Center Drive
North Brunswick, NJ 08902

Via Wire

Receiver Bank: Bank of George
Las Vegas, NV 89148

Acct # 1010227882
Routing # 122402366



Checks should be titled:
Horizon Trust FBO Client Name & Account Number

Beneficiary Name: Horizon Trust Company
FFC: Client Name & Account Number

PART 4. AGE 72 REMINDER

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 72, 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 transfer. I accept full responsibility for satisfying the required minimum distribution ("RMD") applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for RMDs for the calendar year of the transfer. If this transfer 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 RMD 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.

PART 5. LIMITED POWER OF ATTORNEY

I, the undersigned, do hereby grant a limited power of attorney to Horizon Trust Company, LLC and its agents to request information regarding my account and the status of this transfer or rollover from the custodian listed above. The power of attorney shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the transfer or rollover of the assets and/or cash balance listed in the Funding Instructions section of this form.

PART 6. AUTHORIZATION & SIGNATURE

I am aware that I am responsible for the payment of Federal Income Tax on the taxable portion of this surrender and that I may be subject to tax penalties under Estimated Tax Payment rules if my payment of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply and I authorize the transaction described above.

I certify that the information contained on this form is true and correct. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian cannot provide legal advice. I indemnify and agree to hold the custodian harmless against any liabilities. I assume full responsibility for the consequences of this transfer or conversion decision. The custodian agrees to accept these funds as a transfer or conversion.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*



Please check with your current custodian to determine whether they will require a Notary Stamp or Medallion Signature Guarantee Stamp to transfer or rollover your account. A signature guarantee can be obtained from your bank. If your current custodian does not require a notary or signature guarantee, please sign above and return this form to Horizon Trust Company, LLC.

Notary or Medallion Signature Guarantee Stamp

ACKNOWLEDGMENT OF ACCEPTANCE

The authorized signature certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send funds with a copy of this form to Horizon Trust Company. Our organization agrees to serve as the new Custodian for the IRA account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

Signature of Custodian:

Date: *(MM/DD/YYYY)*