

In-Kind Contribution or Exchange

INSTRUCTIONS: Please complete this form in its entirety. In addition, please be sure to read this entire form prior to completion to avoid any processing delays. This form contains important disclosures about YOUR responsibilities concerning the actions you are directing Kingdom Trust to take as those actions relate to assets within your retirement account. As with all other investments directed by you, Kingdom DOES NOT perform any investigation to determine whether this investment or action is acceptable under the Internal Revenue Code or ERISA. It is YOUR responsibility to conduct any due diligence required and to determine for yourself whether the investment or action you are directing is prudent, suitable and/or viable for you. By signing this form, you consent to all terms and conditions contained herein. **Note: this form is not to be used for cash contributions.**

SECTION 1 - Account Holder Information

Name: Account Number:

Address:

Daytime Phone Number: Email Address:

SECTION 2 - Processing Instructions for In-Kind Contributions

In-Kind Contributions (Please skip to Section 3 if you are exchanging assets within the same account)

I wish to contribute the following assets to my IRA-owned entity (C corporation, limited liability company, limited partnership, trust):

Asset Name	Asset Value	Number of Shares (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contribute to IRA-Owned Entity:

If you need additional space to list more assets, please attach a separate page to this form. All assets listed above will be re-registered in the name of the IRA-owned entity listed above. **See below for special instructions concerning the contribution of certain assets.**

If Your Contribution is Real Estate, Deeds of Trust, Mortgages or Promissory Notes:

If your contribution is real estate, a deed of trust, a mortgage or a promissory note, it is YOUR responsibility to prepare, or cause to be prepared, the appropriate deed or an appropriate assignment of deed of trust, mortgage or promissory note necessary to re-register title to this asset in the name of the IRA-owned entity listed above. Note that in most, if not all, jurisdictions, the preparation of these documents by anyone other than an attorney may be considered the unauthorized practice of law. Please attach the appropriate document to this form. If the document is a recordable document such as a deed, deed of trust or a mortgage, Kingdom Trust will execute the document and return it to you for proper recording. Once you have recorded the document, please return it to Kingdom as proof of re-registration and safekeeping.

If Your Contribution is a Privately Held Security (Shares of Private Stock, LLC Membership Interests, LP Membership Interests or Beneficial Interests in a Trust):

If your contribution is a privately held security or interest in a corporation, LLC, LP or trust and it may be necessary to re-register these assets through the Investment Sponsor or a designated transfer agent, please provide the name of the investment sponsor or transfer agent along with his or her contact information. Please note that it is YOUR responsibility to make sure that you have met all investment sponsor requirements necessary to change ownership of these assets.

Investment Sponsor Name: Phone Number: Email:

Transfer Agent Name: Phone Number: Email:



If Your Contribution is a Publicly-Traded Security:

If your contribution is a publicly-traded security held in a brokerage account, please provide DTC instructions for your IRA-owned entity's brokerage account (your broker can provide this information) so we can transfer the securities to the brokerage account.

Brokerage Firm Name: DTC Number:

Broker's Name: Phone Number: Email:

IRA-Owned Entity Brokerage Account Number: IRA Brokerage Account Number (if applicable):

Please note that distributions from your IRA-owned entity to the IRA must be completed by proper action undertaken by the IRA-owned entity in compliance with the entity's controlling document. For example, a distribution from an IRA-owned LLC to the IRA member must be made by the manager of the LLC according to the provisions of the LLC operating agreement.

SECTION 3 - Processing Instructions for Asset Exchanges

I wish to exchange the following assets in my account for the assets listed in the next section:

Asset Name	Asset Value	Number of Shares (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please exchange the assets listed above for the following assets:

Asset Name	Asset Value	Number of Shares (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are exchanging shares of privately held security (shares of private stock, LLC membership interests, LP membership interests or beneficial interests in a trust), please provide the name of the investment sponsor or transfer agent and his or her contact information. Please note that it is YOUR responsibility to ensure that you have met all requirements necessary to make the exchange directed by this form.

Investment Sponsor Name: Phone Number: Email:

Transfer Agent Name: Phone Number: Email:

Note: If you are exchanging precious metals, please see our Investment Direction Kit and use the sections related to precious metals investments for the exchange.

SECTION 4 - Investment-Related & Incidental Fees

Below are the options available to you for paying investment-related and incidental fees. Please choose one by checking the box immediately to the left of the payment method you want Kingdom Trust to use. See Fee Schedule for a complete list of fees due and the date you are expected to provide payment.

- Deduct from Available Cash in Account** (If sufficient cash is not available in the account, additional charges will be incurred.)
- Bill Credit Card*** Visa MasterCard Discover American Express

**Please ensure credit card information on file is accurate/valid.*

Name as It Appears on Card:

Card Number: Expiration Date:

Credit Card Billing Address:

By signing the Cardholder Signature line below, you authorize Kingdom Trust to bill the above credit card for incidental fees and expenses.

Cardholder Signature:

SECTION 5 - General Provisions & Signature

1. By signing this form, I hereby acknowledge that I am directing Kingdom Trust to complete the actions I have listed above.
2. I warrant that neither Kingdom Trust nor any of its employees or agents has made any representations or recommendations to me concerning these actions and/or the investment sponsors or other advisors I have chosen to advise me concerning these actions other than to advise me to do my due diligence on any advisors, investment sponsors and investments I might consider.
3. I acknowledge that Kingdom Trust is acting solely as a directed custodian and represent that it provided no tax, legal or investment advice. I understand that Kingdom Trust is under no obligation or duty to investigate, analyze, monitor, verify or otherwise evaluate this or any action contemplated by this or any other Direction Form I submit nor does it have any responsibility to review the prudence, merits, viability or suitability of such actions.
4. I understand that there may be fees associated with the actions I have directed. I have reviewed and hereby consent to the Kingdom Trust Fee Schedule, which outlines all fees associated with this Direction and the actions directed.
5. I hereby indemnify and hold Kingdom Trust harmless from any and all damages arising from or in connection with its performance of the actions I have directed it to take through the submission of this form.

Account Holder Signature: Date:

Account Holder Printed Name: