

Account Adoption Agreement

For Standard Accounts

SECTION 1 - Account Holder Information

First Name: MI: Last Name:

Date of Birth: Social Security Number:

Address:

City: State: Zip Code:

Daytime Phone Number: Email Address:

SECTION 2 - Account Information

Account Type: Traditional IRA Roth IRA SEP IRA* SIMPLE IRA**

Initial Contribution: \$ Contribution Year:

Regular IRA Contribution Transfer from Another IRA Rollover within 60 Days from Another IRA Rollover from Qualified Plan

Beneficiary IRA Bene IRA Title:

*Title as **Your Name, Bene FBO Deceased Name (Deceased)***

* If a SEP IRA, you must complete IRS Form 5305-SEP.

** If a SIMPLE IRA, you (if self-employed) or your employer must complete IRS Form 5305-SIMPLE.

SECTION 3 - Annual Account Fees

Below are the options available to you for paying annual account 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. Note that a Client Services Representative will contact you regarding payment of the Account Establishment Fee (due at setup).

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 all fees and expenses.

Cardholder Signature:

Invoice (Additional fee will be incurred. Invoicing only applies to annual fees and not other incidental or miscellaneous fees.)

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE



SECTION 4 - Beneficiary Designation

Kingdom Trust requires you to designate a beneficiary for your account who will be the recipient of the assets in your account following your death. If the named beneficiary is a trust, you must provide a copy of the trust agreement to Kingdom Trust. In the event of your death, the balance of your account shall be paid to the primary beneficiaries who survive you in equal shares (or the specified shares, if indicated). If the primary or contingent beneficiary box is not marked for the beneficiary, the beneficiary will be considered to be a primary beneficiary. If none of the primary beneficiaries survives you, the balance of the account shall be paid to the contingent beneficiaries who survive you in equal shares (or in the specified shares, if indicated). If any primary or contingent beneficiary does not survive you, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the applicable share for any remaining primary or contingent beneficiary(ies) shall be increased on a pro rata basis. In the event the share percentage for all the beneficiaries who receive funds under this beneficiary designation totals less than 100%, the applicable share(s) of those beneficiaries who receive funds shall be increased on a pro rata basis until the total of all applicable shares equals 100%.

If the named beneficiary is a trust, you must submit a copy of the trust with this completed and signed form.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name: <input style="width: 90%;" type="text"/> Relationship: <input style="width: 60%;" type="text"/> Share %: <input style="width: 60%;" type="text"/> SSN/EIN: <input style="width: 90%;" type="text"/> Date of Birth: <input style="width: 60%;" type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name: <input style="width: 90%;" type="text"/> Relationship: <input style="width: 60%;" type="text"/> Share %: <input style="width: 60%;" type="text"/> SSN/EIN: <input style="width: 90%;" type="text"/> Date of Birth: <input style="width: 60%;" type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Name: <input style="width: 90%;" type="text"/> Relationship: <input style="width: 60%;" type="text"/> Share %: <input style="width: 60%;" type="text"/> SSN/EIN: <input style="width: 90%;" type="text"/> Date of Birth: <input style="width: 60%;" type="text"/>
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- I am married** (if you are married, reside in a community property state* and name a primary beneficiary other than your spouse, your spouse is required to sign below to ensure your designation will be effective).
- I am NOT married** (if you marry in the future, reside in a community property state, and name a primary beneficiary other than your spouse, you are required to complete a beneficiary change form with spousal consent to ensure your designation will be effective).

** In the United States, there are nine community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.*

◆ SPOUSAL CONSENT

I consent to the above beneficiary designations:

Signature of Spouse: Date:

(Note: Consent of the Account Holder's spouse is only required for married account holders living in a community property state who designate a beneficiary other than or in addition to the Account Holder's spouse.)

Disclaimer: The Account Holder's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, Kingdom Trust disclaims any warranty or responsibility as to the effectiveness of the Account Holder's beneficiary designation or as to the ownership of the account after the death of the Account Holder or the Account Holder's spouse. For additional information, please consult your legal advisor.

SECTION 5 - Account Designated Representative (ADR) Information

All fields required if an ADR is designated.

You may choose to name an Account Designated Representative ("ADR") who will be authorized to access your account, make certain investment purchases and sales in your account and receive copies of your account statements. The ADR will only be authorized to purchase or sell publicly traded securities. You may also choose not to name an Account Designated Representative.

ADR Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Email Address:

If the Account Designated Representative ("ADR") is an Investment Advisor ("IA") qualified under Section 3(38) of ERISA, attach written acceptance of this fiduciary appointment from the IA and a certificate of the IA's current registration under the Investment Advisor's Act of 1940. If the ADR is employed by or affiliated with a Securities Broker-Dealer, complete the information in Section 6.

SECTION 6 - Securities Broker-Dealer InformationBroker-Dealer Name: Address: City: State: Zip Code: Phone Number: Fax Number: Email Address: Broker-Dealer Signature (If Required by Broker-Dealer): Date: **By signing below I acknowledge and agree**

1. that my Account Designated Representative (whether or not an Investment Advisor) is my authorized agent and not in any way associated with, an employee of or representative of Kingdom Trust;
2. that Kingdom Trust has not made nor will make any recommendations regarding the listed Account Designated Representative or the Securities Broker-Dealer;
3. that Kingdom Trust has not compensated nor will compensate the listed Account Designated Representative nor the listed Securities Broker-Dealer except from the assets of my account, and I may appoint and/or remove the Account Designated Representative and/or Securities Broker-Dealer at any time by completing the proper forms and submitting them to Kingdom Trust;
4. that it is my responsibility to discuss publicly traded investments with my Account Designated Representative, and any and all trading instructions received from the Account Designated Representative will be followed by Kingdom Trust as if I directed them directly, but only with regard to public securities and investments that are traded on a recognized exchange or "over the counter" and excluding any securities issued by Kingdom Trust (the Account Designated Representative may not direct purchases or sales of alternative or private assets); and
5. to indemnify, hold harmless and defend Kingdom Trust, and its respective officers, directors, managers, members, employees, representatives, owners, agents, successors and assigns from any and all loss and damage of any nature which may result from any action or inaction that any of them takes or omits in good faith in accordance with, and in its reliance upon, any certificate, notice, confirmation, instruction or other written or oral communication purporting to have been delivered by me or at my direction by the Account Designated Representative concerning my account.

Account Holder Signature: Date: **SECTION 7 - Interested Party Information**

Please note that the designation of an interested party is for informational purposes only. By naming an interested party, you are authorizing Kingdom Trust to speak to this individual regarding your account. In addition you acknowledge that the interested party listed below will be authorized to receive information as well as correspondence including, but not limited to, account statements. However, the interested party will not have trading or withdrawal authority on the account.

Interested Party Name: Address: City: State: Zip Code: Phone Number: Fax Number: Email Address: **SECTION 8 - Investment Callback Election**

Instructions: This section contains important choices that will impact the processing of your investment directions. Please read the below terms in their entirety prior to making your election. By signing this Account Adoption Agreement, you are affirming your election and consenting to all the terms and conditions contained herein.

Terms: It is the policy of Kingdom Trust to call you, the Account Holder, to verify and confirm any outbound movement of cash from your account when Kingdom Trust receives instructions requesting it send funds from your account. Kingdom Trust will call you at the telephone number it has on file for you.

If Kingdom Trust cannot reach you, funds will not be sent until it can verbally confirm that the instructions are genuine and authorized by you.

Kingdom Trust gives you the ability to opt out of verbal confirmation calls. You can do so by checking the box below labeled **OPT OUT**. If you choose to opt out of the calls, Kingdom Trust will process any instructions it receives without calling to confirm the instructions are genuine and authorized by you.

Kingdom Trust also gives you the ability to designate a third party authorized by you to receive verification calls from Kingdom Trust. If you choose to designate a third party to receive those verification calls, you must provide that person's name and daytime phone number to Kingdom Trust. Should you elect to designate a third party, the third party will be called and you will not be called. You can elect to designate a third party by checking the box below labeled **THIRD PARTY**.

If you elect to opt out of verification calls or designate a third party to receive the verification calls, Kingdom Trust will call to verify your election upon receipt of this Investment Callback Election form properly completed and signed by you. Thereafter, if you opt out of the calls, Kingdom Trust will process instructions without calling to verify those instructions. If you have designated a third party to receive verification calls, Kingdom Trust will place those calls to the designated third party at the number listed on this form for such third party and will call the third party to verify any outbound money movement until such time as you change your election.

If you do not make an election below or check the box labeled **PLEASE CALL**, Kingdom Trust will call to verify the instructions it receives.

Election:

OPT OUT - Please do not call to verify instructions.

THIRD PARTY - Please call at this number:

PLEASE CALL - Please call me to verify instructions at the number on file.

SECTION 9 - General Provisions & Signatures**Uninvested Cash Disclosure**

The Account Holder hereby appoints Kingdom Trust as the Account Holder's attorney-in-fact with respect to investments and distributions concerning the Account Holder's account. As part of this, among other things, the Account Holder directs Kingdom Trust

1. to deposit all cash for which the Account Holder has not already provided investment instructions into a pooled custodial deposit account or accounts with one or more third party financial organizations selected by Kingdom Trust at Kingdom's sole discretion and without any further approval from the Account Holder provided that any and all such accounts qualify as common investment funds under IRC Section 408(a)(5), such deposit accounts may include without limitation negotiable order of withdrawal accounts, checking accounts, savings accounts, money market accounts, certificates of deposit or similar accounts,
2. to retain such interest as further compensation for the services it renders to its Account Holders and, in its sole discretion, place the funds in a non-interest bearing pooled deposit account or accounts,
3. to enter into such sub-accounting agreements as may be required by the nature of the deposit accounts between the selected financial organizations and Kingdom Trust under which Kingdom Trust may receive a fee from the selected financial organizations to keep all records pertaining to the Account Holder's share of the pooled custodial accounts which fees will be retained by Kingdom Trust, and
4. to sign checks from time to time on the pooled custodial accounts which are to be honored by the financial organizations for withdrawal of Account Holder's funds from such pooled custodial accounts for distributions, investments, fees and other disbursements directed or agreed to by the Account Holder.

The Account Holder hereby indemnifies and agrees to hold such financial organization(s) harmless from following the directions received from Kingdom Trust on the Account Holder's behalf including but not limited to honoring checks drawn on the Account Holder's portion of the pooled custodial accounts that are written by Kingdom Trust.

Appointment of Custodian

Upon acceptance of this adoption agreement as signified by its signature below, I hereby appoint Kingdom Trust, a South Dakota chartered trust company, to act as the custodian of my account ("custodian"). Kingdom Trust has entered into an administrative services agreement with Kingdom Services, LLC to provide administrative services for the Account Holder's IRA and to properly fulfill its duties as administrator and under the administrative services agreement. All communication between the Account Holder and the custodian must be handled through Kingdom Services. I acknowledge and agree that this Standard Account Adoption Agreement and the Form 5305-A, 5305-RA, 5305-SEP or 5305-SIMPLE Custodial Account Agreement and Disclosure Statement, together with the Fee Schedule, the documents related to my employer's Simple Incentive Match Plan for Employees of Small Employers (SIMPLE), if applicable, and any other written instructions that are in form and substance acceptable to me and Kingdom Trust (all such documents being incorporated herein by reference) collectively comprise my total agreement and govern all aspects of my relationship with Kingdom Trust. Kingdom Trust is not a mortgage broker, asset manager, investment advisor or loan servicing agent with respect to me or my account. Kingdom Trust is a directed custodian and does not provide any tax, legal or investment advice to me.

Authorizations

By signing below, the Account Holder permits Kingdom Trust telephone authorization on this account and elects to view account activity online.

Claims and Disputes

All the parties signing below hereby agree that all claims and disputes of every type and matter between or among any or all of them, including but not limited to claims in contract, tort, common law or alleged statutory violations, arising out of or in connection with this custodial agreement shall only be instituted in the county courts of Minnehaha County, South Dakota, where custodian maintains its principal place of business, and you agree to submit to such jurisdiction with any such suit you may file and in any such suit custodian may file against you.

Unfunded Accounts

I understand that if my account is not funded after 90 days with no contact, it will be closed, and that once an account is closed, it cannot be reactivated.

Signatures

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate as the depositor (or Account Holder) in the retirement account offered by Kingdom Trust under the documents referenced hereinabove. I acknowledge that I have followed the link provided below and have received a copy of, read, understand and agree to be bound by the terms and conditions of the Form 5305-A, 5305-RA, 5305-SEP or 5305-SIMPLE Custodial Account Agreement and Disclosure Statement, this Standard Account Adoption Agreement, the current Fee Schedule in effect from time to time, the documents pertaining to my employer's Savings Incentive Match Plan for Employees of Small Employers (SIMPLE), if applicable, and any other written documents and instructions that are in form and substance acceptable to Kingdom Trust which documents, collectively, are the documents under which this account is established and which set forth, among other things, the duties, limitations on duties and rights of the account holder and Kingdom Trust. By signing this Adoption Agreement, I also represent and warrant that all information provided by me or on my behalf is and will be true, correct and complete. I direct that my account be invested in accordance with my instructions and agree that such instructions will be given in a form and manner acceptable to Kingdom Trust. In the case of public securities and investments that are traded on a recognized exchange or "over the counter," Kingdom Trust may also take instructions from my Account Designated Representative if there is one then serving. However, to minimize miscommunications and errors, the parties hereto agree that all communication with the custodian shall be handled through Kingdom Services. I further direct that all benefits upon my death be paid in accordance with the last properly completed and executed Beneficiary Designation that was delivered to Kingdom Trust prior to my death. In the event that this is a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Treasury Regulations Section 1.402(a)(5)-1T, to treat this contribution as a rollover contribution.

Account Holder Signature: Date:

The above adoption agreement is hereby accepted and approved:

Kingdom TrustCustodian Signature: By: Date: Its: **IMPORTANT:** Click [here](#) for applicable custodial agreements/disclosures and fee schedules or visit [KingdomTrust.com/FormsAndFees](#)**SECTION 10 - Please let us know how you heard about Kingdom Trust**

Please check any that apply and specify your selection in the Comments field if possible. Your input is greatly appreciated.

 Advisor Investment Sponsor Search Engine/Web Television/Radio Ad Conference Press Release/Ad Social Media OtherComments: **NEXT STEPS**

TRANSFER OR ROLLOVER FROM ANOTHER ACCOUNT: If transferring, please complete an *Account Transfer* form and submit to Kingdom Trust along with the current statement from your releasing custodian. If rolling over, please submit a completed *Deposit Instructions* form.

FUND YOUR IRA: Please complete a *Deposit Instructions* form and submit to Kingdom Trust.

MAKE AN INVESTMENT: Please complete an *Investment Direction Kit* and submit to Kingdom Trust with any required investment documents.

You may access any of the above referenced forms via [KingdomTrust.com/FormsAndFees](#).

Kingdom Trust does not provide tax, legal or investment advice. It does not endorse or recommend any agent, company, or specific investment. Any information communicated by Kingdom Trust is solely for educational purposes and should not be construed as tax, legal or investment advice. Consultations with tax, legal and investment professionals is advised prior to making any decisions regarding your account.



1105 State Route 121 North, Suite B
 P.O. Box 870 ■ Murray, KY 42071
 Office: 270.226.1000 ■ Fax: 270.226.1001
 TF: 888.753.6972 ■ KingdomTrust.com

Account Transfer

For All IRA Types

SECTION 1 - Account Holder Information

First Name: MI: Last Name:

Social Security Number: Date of Birth: Kingdom Trust Account Number:

Address:

City: State: Zip Code:

Daytime Phone Number: Email Address:

Kingdom Trust Account Type: Traditional IRA Roth IRA SEP IRA SIMPLE IRA Rollover IRA Beneficiary IRA

SECTION 2 - Releasing Custodian Information

Company: Contact:

Address:

City: State: Zip Code:

Phone Number: Account Number (with Releasing Custodian):

PLEASE ENCLOSE THE MOST RECENT STATEMENT FROM THE ACCOUNT BEING TRANSFERRED

SECTION 3 - Transfer Instructions

Directly transfer all or part of my present account with your organization in the manner indicated below:

Accepting Organization Name: Participant Name:

Kingdom Trust Account Number: Date First Participated: *(To be completed by present custodian/trustee)*

Type of IRA Being Transferred: Traditional IRA Roth IRA SEP IRA SIMPLE IRA* Rollover IRA Beneficiary IRA

* A SIMPLE IRA may only be transferred to another SIMPLE IRA if plan participation is less than two years. After you have participated in your employer's SIMPLE plan for two years, however, you may transfer from a SIMPLE IRA to to any other IRA other than a Roth IRA or may convert it to a Roth IRA.

Transfer the assets in the manner prescribed below:

Asset Description	Quantity in IRA	Quantity to Transfer	Liquidate Immediately (Y/N)	Transfer as Cash	In Kind
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

This Will (check one) Completely Transfer (and Close) My Current Account Partially Transfer My Current Account

I am aware that penalties may be incurred if time deposits are liquidated prior to their maturity date.

SECTION 4 - Delivery Instructions

Indicate how your current custodian should send funds and re-registration paperwork to Kingdom Trust by choosing one of the options below.

Delivery Options for Check Payments/Wire Transfers

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Wire | <input type="checkbox"/> Overnight Check (FedEx or UPS)
Kingdom Trust
1105 State Route 121 N., Suite B
Murray, KY 42071 | <input type="checkbox"/> Mail Check (U.S. Postal Service)
Kingdom Trust
P.O. Box 870
Murray, KY 42071 |
|--------------------------------------|---|---|

When sending a check, whether through regular mail or overnight delivery, please be aware that funds will not be available for 2 days after the deposit has been made. **Please make check payable to "The Kingdom Trust Company, Custodian, FBO Account Holder's name, Account Number."**

Delivery Options for Re-Registration Paperwork

- | | |
|---|---|
| <input type="checkbox"/> Overnight Paperwork (FedEx or UPS)
Kingdom Trust
1105 State Route 121 N., Suite B
Murray, KY 42071 | <input type="checkbox"/> Mail Paperwork (U.S. Postal Service)
Kingdom Trust
P.O. Box 870
Murray, KY 42071 |
|---|---|

SECTION 5 - Depository Options

This section is required if transferring precious metals.

Please choose a depository option by checking the box immediately to the left of the Depository you wish to use (and doing the same for a specific location, if applicable). Once you have made your election(s), please choose whether you wish to have your metals stored in a non-segregated manner (aggregated together with the metals owned by other Kingdom Trust account holders) or in a segregated manner (stored separate from the metals owned by other Kingdom Trust account holders but still within the storage space leased to Kingdom Trust) by checking the box immediately to the left of your choice, if applicable.

- | | | |
|--|---|---|
| <input type="checkbox"/> Brinks Global Services* <ul style="list-style-type: none"> <input type="radio"/> California: 1120 W. Venice Blvd., Los Angeles, CA 90015 <input type="radio"/> New York: 184-45 147th Ave., Springfield Gardens, NY 11413 <input type="radio"/> Utah: 2179 S. 300 W., Ste. 4, Salt Lake City, UT 84115 | <input type="checkbox"/> Non-Segregated Storage | <input type="checkbox"/> Segregated Storage |
|--|---|---|

- | | | |
|---|---|---|
| <input type="checkbox"/> Delaware Depository 3601 North Market St., Wilmington, DE 19802 | <input type="checkbox"/> Non-Segregated Storage | <input type="checkbox"/> Segregated Storage (Gold Only) |
|---|---|---|

- | | |
|---|--------------------------------|
| <input type="checkbox"/> First State Depository 100 Todds Lane, Wilmington, DE 19802 | SEGREGATED STORAGE ONLY |
|---|--------------------------------|

- | | | |
|---|---|---|
| <input type="checkbox"/> International Depository Services (IDS) <ul style="list-style-type: none"> <input type="radio"/> Canada: 3300 Caroga Dr., Mississauga, ON, Canada L4V 1L4** <input type="radio"/> United States: 406 West Basin Rd., New Castle, DE 19720 | <input type="checkbox"/> Non-Segregated Storage | <input type="checkbox"/> Segregated Storage |
|---|---|---|

Sub-Account Number:

IF TRANSFERRING IN-KIND, A STATEMENT OF CURRENT METALS HOLDINGS MUST BE PROVIDED

* There will be a handling charge of \$25.00 per package for all material moved out of a Brinks account.

** In Ontario the Canadian government imposes a 13% Goods and Service Tax/Harmonized Sales Tax (GST/HST) on products entering Canada which do not meet a minimum purity requirement.

SECTION 6 - Age 70 ½ Reminder

I understand that if this transfer occurs during or after the calendar year during which I attain the age of 70 ½, the required minimum amount determined under this IRA must still 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 applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the 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 31. The new IRA must "deem" that the transfer was received as of the prior December 31 for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA trustee/custodian of any such outstanding transfer.

SECTION 7 - General Provisions & Signatures

1. If I have chosen a Depository above, I acknowledge that I, as the Account Holder, am also solely responsible for choosing the Depository in which the metals purchased are stored. I also warrant that I have performed the due diligence I deemed necessary on the Depository I have chosen. I also warrant that neither Kingdom Trust nor any of its employees or agents has made any representations or recommendations to me concerning the Depository I have chosen other than to advise me to perform my due diligence on any Depository I might consider.
2. I acknowledge that Kingdom Trust is acting solely as a directed custodian and represent that it provided no tax, legal or investment advice.
3. I have reviewed and hereby consent to the Kingdom Trust Fee Schedule, which outlines all fees associated with the purchase, sale, packing, shipping and storage of precious metals (if applicable).
4. If transferring metals, I understand that all metals I direct to be transferred to my IRA through Kingdom Trust will be stored at the Depository I have selected in Section 5 above and hereby agree to said storage. I agree that the Depository I selected shall be solely responsible for the storage and safekeeping of all precious metals in my IRA.
5. I understand that commingling regular IRA contributions with previously rolled assets from an employer plan may preclude me from subsequently rolling over funds from my rollover "conduit" IRA into another qualified plan or 403(b) plan. With such knowledge, I authorize and direct the custodian/trustee to place these transferred IRA contribution assets in my rollover "conduit" IRA or visa versa. I acknowledge that certain transfers may be required to be reported to the IRS.
6. I hereby indemnify and hold Kingdom Trust harmless from any and all damages arising from or in connection with this Account Transfer.

Participant's Signature: Date: Participant's Printed Name: **Medallion Stamp (If Required)***

* A medallion guarantee is only required when the asset being transferred is a security.

Accepting Organization - Our organization agrees to serve as the new custodian or trustee for the IRA account of the above-named individual, and as custodian or trustee, we agree to accept the assets being transferred.

New Custodian or Trustee: EIN Number: Address: City: State: Zip Code: Authorized Signature for Accepting Organization: Date:

Kingdom Trust does not provide tax, legal or investment advice. It does not endorse or recommend any agent, company, or specific investment. Any information communicated by Kingdom Trust is solely for educational purposes and should not be construed as tax, legal or investment advice. Consultations with tax, legal and investment professionals is advised prior to making any decisions regarding your account.