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# Institutional Investment Direction

*For Digital Currency*

**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. Kingdom Trust does not conduct any investigation or make any express or implied representations whatsoever as to the validity, strength, appropriateness, legality or tax effect (including interest and penalties) of this investment (the "investment"). By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Account Adoption Agreement.

## SECTION 1 - Account Information

Kingdom Trust Account Name:  Kingdom Trust Account Number:

Daytime Phone Number:

## SECTION 2 - Investment Information

Buy/Sell/Exchange	Quantity	Description	Price/Each	Total
<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"/>

### For Liquidations

Kingdom Trust will only complete liquidations sent to wallets titled to the Kingdom Trust account holder.

Destination Wallet Information/Title:

Destination Wallet Address:

## SECTION 3 - Processing Instructions

Please complete the wire information below. **If using an intermediary bank for wire transfer, the same banking information as requested below must be provided.** If you have attached investment processing instructions to this form, you may check the corresponding box to avoid re-entering data. Please note that applicable wire fees may apply (see Fee Schedule).

**Wire Instructions**  See Attached Wire Instructions

Bank Name:  Bank Phone Number:

Account Number:  Routing Number:

Bank Swift Code:  Bank Account Name:

Bank Account Physical Address:

For Credit to (FCT):  For Further Credit to (FFCT):   
*if applicable* *if applicable*

## SECTION 4 - Signatures

Authorized Signer Signature: **X**  Title of Signer:

Authorized Signer Printed Name:  Date (mm/dd/yy):

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