APPLICATION
TRADITIONAL, ROTH, AND SEP IRA

EQUITY INSTITUTIONAL

WHEN TO USE THIS FORM

When you want to open a Roth, Traditional, or SEP IRA with Equity Institutional, a division of Equity Trust Company.

Account Type Summaries

- **Traditional IRA -** a tax-deferred account. Contributions are made with pre-tax dollars and contributions can be tax deductible. Money compounds tax free until funds are withdrawn.
- **Roth IRA** - a tax free savings plan. Contributions are made with after-tax dollars and are not tax deductible. Money compounds tax free and all funds withdrawn are also tax free. Earned income must fall within the MAGI (Modified Adjusted Gross Income) limits to qualify for account.
- **SEP (Simplified Employee Pension)** - Designed for self-employed or small business owners with up to 25 employees. Plan allows for high annual contributions which are tax deductible and all money compounds tax free until funds are withdrawn. The 5305-SEP form must also be completed in order to open this type of account.

FEES AND PROCESSING TIMES

FEES:

Account Setup Fee: $50.00 (one-time fee)

Account Maintenance Fees: Fees based on portfolio value of your account. See the Fee Schedule located in the IRA Custodial Account Agreement and Disclosure Statement.

PROCESSING TIMES:

- Typically, Equity Institutional will open your account in approximately three business days unless corrections are required (transfer times may vary per custodian).
- Typical transfers take 14-30 days from the time the paperwork is received by the current custodian.
- Choosing ***Express Transfer Service*** can **only** impact this time line as it applies to activities within Equity Institutional's control.
- Please contact your current custodian to discuss what options they offer for expediting the processing of this transfer.

CONTACT INFORMATION

PHYSICAL ADDRESS:
Equity Trust Company
Attn: Institutional Accounts
1 Equity Way
Westlake, OH 44145

TOLL FREE:
800-955-3434 (option 2)

Or e-mail questions to:

E-MAIL:
IRAServices@EquityInstitutional.com

WEBSITE:
www.EquityInstitutional.com

IMPORTANT!

Equity Institutional does not investigate, sponsor, or endorse any investment product. You assume sole responsibility for the success or failure of your investments. You are responsible for directing the investment of assets in your account. Equity Institutional does not provide any investment advice, or recommend or evaluate the merits or suitability of any investment.

If Equity Institutional's services were suggested by a financial representative, such person is not an agent, employee, representative, or affiliate of Equity Institutional. Equity Institutional is not responsible for and is not bound by any representations, warranties, statements or agreements made by any financial representative.

INSTRUCTIONS AND GUIDELINES

- Please fill in all sections of the application and include a copy of ID (Social Security Card or Birth Certificate for minors).
- A credit card is required with all new account applications, please complete the attached ***Credit Card Form.***

Contributions

- If making a new contribution, be sure to include the contribution check with application.
- If making a contribution with a credit card the dollar amount is limited to $500.
- If you would like to sign up for Automatic Contributions, be sure to fill out the Automatic Ongoing Contributions box in Section 4.

Transfers

- If funding by transfer, please include transfer paperwork and a copy of current statement from current custodian.

Rollovers

- TIME SENSITIVE - ensure your rollover is completed within 60 days of the time you took the distribution in order to avoid any taxes or penalties.

Need Help? Call 800-955-3434 (option 2) and a Client Service Representative will assist you in opening your account today!

SUBMISSION OPTIONS

OVERNIGHT:
Equity Trust Company
Attn: Institutional Accounts
1 Equity Way
Westlake, OH 44145

REGULAR MAIL:
Equity Trust Company
Attn: Institutional Accounts
P. O. Box 450369
Westlake, OH 44145

FAX:
(440) 365-1440

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

1 ACCOUNT HOLDER INFORMATION

LEGAL NAME (Last, First, Middle) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.				EI
PHYSICAL STREET ADDRESS (Required - No P.O. Box)				ACCOUNT TYPE ☐ Traditional ☐ Roth ☐ SEP *(5305 form required)*
CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (If different from above - P.O. Box may be used)				
CITY	COUNTY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	COUNTRY OF CITIZENSHIP ☐ USA ☐ Other ______		
EMAIL ADDRESS *(Important - to notify you of information pertaining to your IRA)*[1]		ONLINE QUARTERLY STATEMENT ☐ I elect to receive my quarterly statement electronically		
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER		

☐ **Check box if this is a beneficiary account you have inherited from another individual** ☐ **Check box if the account owner is a minor**

2 DESIGNATE YOUR SECURITY INFORMATION

SELECT A 6-DIGIT PIN NUMBER[2] A PIN number is used to verify your identity when calling Client Services and to provide online access to your account information.

Confidential Six Digit Pin Number: *(Must Be Entirely Numeric)* | | | | | | |

EXAMPLE: | 1 | 2 | 3 | 4 | 5 | 6 |

SELECT A SECURITY QUESTION Please select one of the following questions below and provide an answer. If you forget your PIN Number, this question can be used in place of the pin.

☐ What's my pet's name? ☐ What's my mother's maiden name? ☐ What high school did I attend? *Answer:*

3 BENEFICIARY DESIGNATION

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a prorata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

Beneficiary Designation: I understand that I may change or add Beneficiaries at any time by completing and delivering a ***Change of Beneficiary form*** to Equity Institutional. If you designate a trust as the beneficiary, please provide a copy of the trust. Named Beneficiaries may only be U.S. Citizens or non-U.S. Citizens that have obtained a substitute tax identification number or social security number.

Name *(first, middle, last)*	Date of Birth *(mm/dd/yyyy)*	Social Security Number	Country(ies) of Citizenship	Relationship	Primary or contingent	Share %
1.					☐ Primary ☐ Contingent	
2.					☐ Primary ☐ Contingent	
3.					☐ Primary ☐ Contingent	

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community[2] or marital property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS: ☐ **I am not married** – I understand that if I become married in the future, I must complete a new *Change of Beneficiary form*.
☐ **I am married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE: I am the spouse of the aforementioned IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to 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 holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

______________________________ ______________________________
Signature of Spouse Date

FOR EQUITY INSTITUTIONAL USE ONLY
Account Number ______________ Event Code ______________ Tracking Code ______________

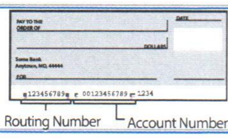
4 FUND YOUR ACCOUNT *(Fill in all that apply)*

☐ **AUTOMATIC ONGOING CONTRIBUTIONS - SIGN UP FOR FREE!**

☐ I hereby authorize Equity Trust Company, to initiate debit entries to my account at the Financial Institution indicated below and for the Financial Institution to debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution[3]

BANK NAME	BANK, CITY/STATE	BANK PHONE	
NAME ON ACCOUNT	TIMING OF DEBIT *(check one)* ☐ Bi-monthly ☐ Monthly ☐ Quarterly	DATE OF DEBIT *(i.e. 30th)*	AMOUNT OF DEBIT $

TYPE OF ACCOUNT *(check one)*
☐ Checking
☐ Savings



Routing Number (ABA)

Account Number

☐ **ONE-TIME CONTRIBUTION** *(Required Minimum $500)*

CONTRIBUTION AMOUNT	PAYMENT METHOD	CONTRIBUTION YEAR(S)
	☐ Credit Card* *(maximum contribution charge limit $500)* ☐ Check Enclosed *(make payable to Equity Trust Company)*	

*Please complete the attached ***Credit Card Form*** when requesting a contribution by credit card.

☐ **OTHER FUNDING METHODS** *(Check all that apply)*

☐ Transfer *(from an existing IRA or SEP account)*
☐ Rollover *(Including direct rollover from employer's plan)*

☐ Recharacterization
☐ Conversion

Total Other Funding Amount
$______________________________

5 SELECT YOUR FEE SCHEDULE *(See IRA Fee Schedule for specific details)*

Choose the fee schedule that best fits your needs, based on the investment(s) you plan to hold. If no selection is made, Equity Institutional will default to the Flex IRA fee schedule. Your Annual Fee will be determined each year based on the type(s) of investment(s) held. Refer to the Assigned Designated Representative (ADR) Fee Schedule for Traditional, Roth, SEP or SIMPLE IRAs for specific details.

☐ Precious Metals IRA ☐ Basic IRA ☐ Flex IRA

6 FEES *(Please refer to the appropriate Fee Schedule)*

NEW ACCOUNT FEE OPTIONS* *(select one)*

How would you like to pay your account set-up and first year's maintenance fees?
☐ Check Enclosed ☐ Credit/Debit Card** ☐ Deduct from Transfer

I acknowledge that Equity Trust Company will calculate and charge the fees due according to the Annual All Inclusive Fee Schedule. See the final page of the IRA Custodial Account Agreement and Disclosure Statement for the appropriate fee schedule.

If no option is chosen, New Account Fees will be deducted from account once money has been deposited.

SUBSEQUENT ANNUAL MAINTENANCE AND SPECIAL SERVICES FEE OPTIONS *(select one)*

Maintenance Fees are billed annually and can be paid by the following options:
☐ Debit IRA Account - Please deduct my annual maintenance fee from my IRA Cash Account (account must have liquid assets)
☐ Invoice me annually at: (Choose from one of the two options below)
____ Account Holder's address
____ Following address:

If no option is chosen above, Equity Trust Company will assume automatic withdrawal of Annual Fees and any other applicable fees from the Account. The Account Holder will be responsible for any unpaid fees should the Account be illiquid or have insufficient funds to cover all fees. Equity Trust Company will charge a late fee for every 30-day period that account fees are past due.

7 ACCOUNT AUTHORIZATIONS

THE FOLLOWING SELECTIONS ARE OPTIONAL FEATURES AVAILABLE ON YOUR EQUITY INSTITUTIONAL IRA. SELECT ONLY THE ITEM(S) YOU WISH TO AUTHORIZE. *(Please leave blank if you do not wish to make any designations for your account.)*

☐ **Referral:** I was referred to Equity Institutional by the person referenced below. I understand that Equity Institutional **will not release information** to this person and will not accept transaction instructions from this individual. This person is not a Designated Representative on my account.

☐ **Interested Party Designation:** If selected, I authorize Equity Institutional to release information to the following person regarding my account including copies of quarterly statements or other written, verbal, or electronic communications. I understand that Equity Institutional will not accept transaction instructions from this individual. This person is not a Designated Representative on my account.

- ***Important:** If your account will have an Interested Party and Designated Representative, please use the Account Maintenance form at the back of the application to indicate your Interested Party.*

☐ **Designated Representative:** This person will have the ability to direct investments on your behalf. Please see section 8 for details on what authorizations a Designated Representative will have as a result of checking this box.

- ***Important:** If your account will have an Interested Party and Designated Representative, please use the Account Maintenance form at the back of the application to indicate your Interested Party.*

Telephone Authorization: I authorize Equity Institutional to honor telephone transaction requests from me or my Representative (if I have designated one) for my Account. My Social Security Number will be required as verification before any request will be accepted. I understand and agree that Equity Institutional will not be liable for any loss, expense or cost arising out of any request affected hereunder. (Note: This authorization applies only to investment directions given to Equity Institutional. It does not automatically authorize telephone exchange or redemption privileges for any investment.) ***Telephone Authorization automatically applies to your account.***

☐ Check this box only if you do not want telephone authorization on your account.

SECTION 1

REFERRAL, INTERESTED PARTY, OR REPRESENTATIVE NAME:	REFERRAL, INTERESTED PARTY, REPRESENTATIVE LICENSE NUMBER:
REFERRAL, INTERESTED PARTY, OR REPRESENTATIVE ADDRESS:	
CITY:	STATE: / ZIP CODE:
PHONE: / FAX:	EMAIL ADDRESS:
FIRM NAME (IF APPLICABLE): Fidelity Gold & Silver Inc. #132088	
FIRM ADDRESS (IF APPLICABLE): 999 Vanderbilt Beach Rd., Suite 200	
CITY: Naples	STATE: FL / ZIP CODE: 34108
PHONE: (866) 415-2739	
FIRM AUTHORIZED SIGNATURE *(IF REQUIRED BY DEALER)*: SIGN HERE	DATE:
REPRESENTATIVE'S RELATIONSHIP TO YOU:	

Is this individual a:

☐ Financial Advisor ☐ CPA ☐ Attorney
☐ Financial Planner ☒ Broker ☐ Investment Sponsor
☐ Other, please describe:

SECTION 2 *(Complete if Designated Representative currently works with Equity Institutional)*

Please enter Equity Institutional Rep/Referral Number 132088

8 IMPORTANT (PLEASE READ BEFORE SIGNING)

The signature below acknowledges that I have received, read, and understand the Equity Institutional IRA Custodial Agreement, Disclosure Statement and Fee Schedule found in the ***IRA Custodial Account Agreement and Disclosure Statement***. I acknowledge that the ***IRA Custodial Account Agreement and Disclosure Statement*** explains the duties, limitations on duties, and the rights of Equity Institutional and depositor. By signing this application below, the depositor assumes complete responsibility for determining contribution eligibility and tax consequences of any and all contributions or distributions; accepts and agrees to all of the terms and provisions set forth in the ***IRA Custodial Account Agreement and Disclosure Statement;*** and has read and accepted the terms of the Fee Schedule.

Signatures—By signing below, I hereby make the following representations:

1. I appoint Equity Institutional, a division of Equity Trust Company, as Custodian of my Account. I acknowledge that I have received and read Equity Institutional's Individual Retirement Custodial Account Agreement and Disclosure Statement on the date shown below, and I agree to be bound by the terms and conditions contained in these documents. I understand that, within seven (7) days from the date that I open my Account, I may revoke this application and close my Account without penalty by mailing or delivering a written notice to Equity Institutional.
2. I acknowledge that my Account is self directed and I am solely responsible for the selection, management, and retention of all investments held within my Account. I understand and acknowledge that Equity Institutional will exercise no discretion with respect to the funds in my Account, will not under any circumstances provide investment advice or recommendations, and will in all events invest all of the funds in my Account solely and exclusively at my direction. I further understand that I am not entering into a "trust" agreement with Equity Institutional, but rather I am entering into a "custodial" agreement under which Equity Institutional has no duties or responsibilities with respect to the investment of the funds in my Account. Finally, I understand and

intend that Equity Institutional shall not assume the responsibilities of a trustee, a "fiduciary," or a person entitled to exercise any discretionary authority with respect to the funds in my Account, as those terms and concepts are defined in the Internal Revenue Code, ERISA, or other applicable federal, state or local laws.

3. I understand that if I have chosen to appoint a Representative in the Account Authorizations Section of this Agreement, or should I ever appoint a Representative on a form acceptable to Equity Institutional, such person is my agent and is not in any way an agent, employee, or representative of Equity Institutional. I understand that Equity Institutional has not made and will not make any recommendation or investigation with respect to my Representative, nor does Equity Institutional compensate my Representative in any manner.

A By appointing a financial advisor, broker, financial planner or other person as a Designated Representative to your individual retirement account, you should understand that this person:
- is authorized to give investment directions on your behalf to Equity Institutional.
- will have unlimited access to your Account information, and
- will receive copies of your Account statements and other correspondence.

B By selecting this option in your IRA application and signing the application, you are appointing the person(s) indicated as your Representative on your Equity Institutional account for the purpose of communicating investment directions to Equity Institutional and receiving information on your Account, in accordance with Section 8.03 of the terms of the ***Individual Retirement Account Custodial Agreement and Disclosure Statement***. You are acknowledging that:
- You understand that your Representative is your authorized agent and is not in any way an agent, employee, or representative of Equity Institutional.
- You understand that your Representative may be a registered representative of a broker dealer organization, a financial advisor or other person that you deem acceptable
- You understand that Equity Institutional has not made and will not make any recommendation or investigation with respect to your appointed representative.
- You understand that you may appoint and/or remove your Representative at any time by delivering written notice on a form acceptable to Equity Institutional. If you remove your representative, you understand that such removal shall not have the effect of cancelling any notice, instruction, direction or approval received by Equity Institutional from your removed Representative before Equity Institutional receives your notice of removal.
- You instruct Equity Institutional to pay for or receive payment from security or other investment transactions communicated by your Representative as shown below, as indicated by broker confirmations of trade or other requests for payment received by Equity Institutional.
- You understand that it is solely your responsibility to direct your Representative to execute trades or other investments for your Equity Institutional account, and all instructions, directions, and/or confirmations received from your Representative, his agent(s), or his broker dealer, whether written or oral, shall be assumed by Equity Institutional to have been authorized by you.
- Without limitation, you agree to indemnify and hold Equity Institutional harmless for any loss or breach of any kind which may result from any action or inaction that it takes or omits in good faith in accordance with, and in its reliance upon, any certificate, notice confirmation, instruction, or other written or oral (if so elected) communication purporting to have been delivered at your direction on behalf of your Account by your Representative or brokerage firm.

4. I understand that if a financial representative suggested that I retain Equity Institutional's services as custodian for investments made through my Account, that such financial representative is not in any way an agent, employee, representative, or affiliate of Equity Institutional. I acknowledge that Equity Institutional is not responsible for and is not bound by any representations, warranties, statements or agreements made by any financial representative. I further understand that Equity Institutional does not compensate such financial representatives in any manner.

5. I understand that Equity Institutional does not review the prudence, viability or merits of any investment or whether the investment is acceptable under ERISA, the Internal Revenue Code, 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.

6. I consent to Equity Institutional's fee schedule as specified on the last page of the ***IRA Custodial Account Agreement and Disclosure Statement,*** and any amendments made thereto.

7. I agree to promptly give instructions to Equity Institutional as necessary to enable Equity Institutional to carry out its duties under my Custodial Account Agreement.

8. I represent that whenever information as to any taxable year is required to be filed with the Internal Revenue Service, that I will file such information with the Internal Revenue Service unless filed by Equity Institutional.

9. I hereby expressly direct that Equity Institutional deposit all undirected cash from any source, including without limitation contributions, transfers, rollovers or cash income from any asset of my Account, in a negotiable order of withdrawal or transaction account maintained by Equity Institutional on behalf of account holders (the "Bank Account") until such time as I give Equity Institutional a further investment direction. I understand that, as a result of my direction, Equity Institutional is required to deposit all undirected cash in my Account in the Bank Account.

10. I understand that it is my sole responsibility to manage the investment(s) held within my Account, and that Equity Institutional has no responsibility to question any investment directions given by me or my Representative (if I have appointed one), regardless of the nature of the investment. I understand that Equity Institutional is in no way responsible for monitoring the performance of investments or for the performance of any investment held within my Account.

11. I understand that, except to the extent of the cash which is invested in an FDIC-insured financial institution, or directed into other FDIC-insured bank products, the investments within my Account are not FDIC-insured, nor are any investments guaranteed by Equity Institutional, and that such investments may lose value.

12. I understand that distributions I receive from my Account are subject to Federal income tax withholding unless I elect to not have withholding apply. By signing and dating below, I elect not to have withholding apply to "in-kind" distributions from my Account, subject to my right to revoke this election at a later date. If I should revoke this election and have withholding apply to "in-kind" distributions, I understand that it will be my responsibility to ensure that this Account maintains a sufficient amount of cash to satisfy my withholding election. I understand that I am responsible for paying Federal income tax on the taxable portion of my distribution(s) and that I may be subject to tax penalties if my payments of estimated tax and withholding, if applicable, are not adequate.

13. I understand that Equity Institutional may terminate my Account upon 30 days' written notice and will do so should I fail to pay any fees, expenses or taxes as provided under my ***IRA Custodial Account Agreement and Disclosure Statement***.

14. I understand that Equity Institutional will terminate my Account, if upon 30 days' written notice, if Equity Institutional does not receive a fair market value valuation as required by my ***IRA Custodial Account Agreement and Disclosure Statement.***

15. I consent to Equity Institutional's amendment of any document which this Agreement is a part; provided that any such amendment complies with the requirements set forth in the ***IRA Custodial Account Agreement and Disclosure Statement (IRS Form 5305 A/IRS Form 5305-RA)*** which comprises part of these documents.

16. I consent to Equity Institutional's use of third-party sources in fulfilling its obligation to obtain, verify and record information I provide in the opening of this Account in accordance with the USA PATRIOT Act.

17. This Application and Agreement are executed and accepted by Equity Institutional in the State of Ohio.

SIGN HERE *(Signatures must be present on all originals, copies, faxes and/or emails. A delay in processing may occur if signature is not present.)*

SIGN HERE

IRA Holder/Parent/Guardian Date

Authorized Custodian (to be completed by Equity Institutional) Date

What's Next? Equity Institutional processes applications within 1 - 3 business days (Monday - Friday) of receiving a signed application. Shortly thereafter, the client will receive a welcome package sent from Equity Institutional via regular mail. Contact Equity Institutional with questions about your new account by calling our toll-free number (800) 955-3434 (option 2).

[1] By providing your email address, you consent to receiving email from Equity Institutional. Information about opting out of certain email communications is provided at www.EquityInstitutional.com.
[2] Community Property states include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.
[3] This authorization, including any credit or debit entries initiated hereafter, is in full force and effect until I notify Equity Institutional of its revocation in writing and Equity Institutional has had sufficient time to act on it.