Millennium Trust Company

Self Directed IRA Adoption Agreement Instructions

The application process begins with the completion of the **Self Directed IRA Adoption Agreement**. By completing the agreement and signing on the last page you will be authorizing Millennium Trust Company to open your IRA account.

Steps

> **Tips: Frequently Missed Items**
> The type of IRA in Section A
> Your residential address
> Your Social Security Number
> Your date of birth
> Your beneficiaries' names, dates of birth, and Social Security Numbers
> Your signature in Section G

Section A: Account Information

- Select the type of IRA desired.
- Complete personal information for identification purposes.
- Remember to include your e-mail address.

Section B: IRA Funding Information

- Identify how your IRA will be funded: Contribution Deposit, 60-day Rollover, Transfer from another IRA or Qualified Plan Direct Rollover. **Complete the appropriate Deposit, Transfer or Rollover Form and return with your Adoption Agreement.**

Section C: Account Access and Statement Preferences

- Identify if you would like 24-hour online account access. You must also include your e-mail address in Section A. You will receive an e-mail notifying you when your quarterly statement is available for viewing. If you choose on-line access, your access ID and temporary password will be mailed within 10 business days of the opening of your account.
- If you request hardcopy statements rather than online statements, you will be charged **$5/per statement each quarter**.
- Check if you would like your investment agent, advisor, or spouse, etc. to have access to your account. **Complete Third Party Authorization Form and return with your Adoption Agreement.**

Section D: Payment Election for Account and Asset Holding Fees

- A **$50 non-refundable establishment fee** is required to open your account. Your establishment and quarterly fees will be charged to your credit card or debited from your checking account. Select your option here.
- If choosing the credit card option, please provide a complete credit card number and provide your name as shown on the card, check appropriate card type and include expiration date and e-mail address in Section A to receive courtesy notifications.
- If choosing the ACH debit option, **include a voided check** and e-mail address in Section A to receive courtesy notifications.
- If selecting the invoice option, a $5.00 fee per invoice applies.

Section E: Account Cash Investment Program

- Millennium Trust's Cash Investment Program uses various banks to provide multiple levels of FDIC insurance. Please refer to your IRA Custodial Agreement for more information. Account owners must leave $500 on deposit, and if the balance drops below $250, accounts will be assessed a fee of $25 per quarter.

Section F: Account Beneficiary Information

- Identify your primary and contingent beneficiaries. **Percentages for each section must equal 100%.**
- If you are selecting a primary beneficiary other than your spouse and live in one of the community property states listed you must include your spouse's signature.

Section G: Account Owner's Acknowledgement and Agreement

- Review the acknowledgement and agreement section and **sign** as IRA account owner.

Submission Options

Please read and retain for your files the Custodial Agreement, Disclosure Statement, Fee Schedule and Privacy Policy. Original signatures are required. Please send original signed documents by overnight delivery or regular mail to:

Millennium Trust Company, LLC
820 Jorie Blvd., Suite 420
Oak Brook, Illinois 60523

Questions?

For assistance please contact:	Alternative Investment Client Service	800.618.6177
	Futures Client Service	800.932.0053

Millennium Trust Company

820 Jorie Blvd., Suite 420
Oak Brook, IL 60523
800.618.6177 Alternative Investments
800.932.0053 Futures

www.mtrustcompany.com

SELF DIRECTED IRA ADOPTION AGREEMENT

Please select investment type (choose one):

☐ Futures/Forex
☐ Alternative Investments
☐ Precious Metals Only

A ACCOUNT INFORMATION

Type of IRA (*Please check one*): ☐ Traditional ☐ Roth ☐ SEP (Must include SEP IRA Contribution Agreement Form # IRA-026)

☐ This account is also an inherited IRA. Please provide the name of the original account holder: ______

IRA Owner Information ("Account Owner"):

☐ Mr. ☐ Mrs. ☐ Ms. Name: ______

Home Telephone No.: ______ Work Telephone No.: ______

E-mail Address: ______ Mother's Maiden Name: ______

Social Security No.: ______ Date of Birth: ______

*Residential Address (P.O. box **not** acceptable):*

Address: ______

City: ______ State: ______ Zip: ______

Account's Mailing Address If Different From Above (used as address of record):

Address ______

City: ______ State: ______ Zip: ______

Driver's License:

Driver's License No.: ______ State: ______

B IRA FUNDING INFORMATION

Amount Transferred/Funded:

1. Regular IRA Contribution for tax year: ______ $ ______
   (Please complete Funding Form #OPR-012)
2. Regular IRA Contribution for tax year: ______ $ ______
   (Please complete Funding Form #OPR-012)
3. IRA Account Transfer (estimated total): $ ______
   (Please complete IRA to IRA Account Transfer Authorization Form # IRA-007)
4. Qualified Plan Direct Rollover: $ ______
   (Please complete Qualified Retirement Plan Authorization of Direct Rollover Form # IRA-008)
5. 60-Day Rollover:
   Cash *(Please complete Funding Form #OPR-012)* $ ______
   In-Kind Assets *(Please complete Funding Form #OPR-012)* $ ______

Please continue to page two to complete this form.

C ACCOUNT ACCESS AND STATEMENT PREFERENCES

Please indicate your preferences with respect to online account access (*E-mail address required in Section A*) and statements. Accounts receiving hard copy statements will be charged a fee of $5.00 per statement. If no option is selected, and if you have provided your e-mail address in Section A, your account statements will be made available to you online, otherwise you will receive hard copy statements quarterly. **A valid, unique e-mail address is required for all users.**

☐ **Prefer 24-Hour Online Account Access with Quarterly Online Statements**
I want online access to my account(s) and my statements.
☐ I also want online Trading access.

☐ **Prefer 24-Hour Online Access and Quarterly Statements in Mail**
I want online access to my account(s) and online statements, *and* hard copy statements ($5.00 charge per statement) quarterly through the U.S. Mail.
☐ I also want online Trading access.

☐ **Decline 24 Hour Online Account Access and Receive Quarterly Statements in Mail**
I decline online access and prefer to receive hard copy statements ($5.00 charge per statement) quarterly through the U.S. Mail.

☐ **Request Investment Agent/Advisor Access**
I would like my Investment Agent to receive duplicate hard copy statements *and/or* view my account(s) online in the manner I have selected above; I have completed and attached the *Third Party Authorization* (OPR-004) granting the designated agent investment authority over my account(s).

D PAYMENT ELECTION FOR ACCOUNT AND ASSET HOLDING FEES

Please select your preferred method of payment of your account and asset holding fees from one of the following three (3) payment options. If no selection is made, Millennium Trust will default to the Invoice option.

If you select either the Credit Card or Debit (ACH) option, you must provide us with your e-mail address in Section A in order to receive courtesy e-mail notifications as to when account fees will be deducted from your account. A non-refundable establishment fee of $50 will be charged to either your credit card or checking account at the time of account opening.

If you select the Invoice option, please enclose a check in the amount of $50 payable to Millennium Trust Company for the non-refundable establishment fee.

☐ **Credit Card** *(Account Owner's information listed below is required if credit card option is selected.)*

Name of Cardholder: ____________________
(As it appears on card)

Credit Card #: ____________________ Expiration Date: ____ / ____
Month Year

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

By executing this Adoption Agreement, I authorize Millennium Trust Company to charge my credit card for the establishment fee and quarterly IRA fees.

☐ **Debit (ACH) my checking account.** (*Please attach a voided check to this form, and fill out bank information below.*)

Bank Name: ____________________ Bank Phone: ____________________

Transit/ABA Number (*9 digits*): ____________________ Account Number: ____________________

Name(s) on Account: ____________________

☐ **Invoice ($5.00 fee per invoice applies.)**

Transaction fees will automatically be charged to your IRA account at time of transaction.

Please continue to page three to complete this form.

E ACCOUNT CASH INVESTMENT PROGRAM

I acknowledge that idle cash in my account will be invested by the Millennium Trust Company, LLC automatic cash investment program ("Program") as described in the Article titled Cash Investment Program, Mutual Funds Fees in the respective Individual Retirement Account Custodial Agreement. The Program uses four different banks to provide multiple levels of FDIC insurance up to $1 million as cash balances increase, plus a money market mutual fund ("Fund") for cash over $1 million. The banks and the Fund currently used are listed on Millennium Trust's website www.mtrustcompany.com. Please contact a Millennium client service representative for further information and details regarding the Program. Account owner must leave $500 on deposit, and if the balance drops below $250, the account will be assessed a fee of $25 per quarter.

F ACCOUNT BENEFICIARY INSTRUCTIONS

I, the undersigned, hereby make the following beneficiary designation. In the event of my death, pay benefits to the following named primary beneficiary(ies). If you are married and designate a beneficiary other than your spouse, have your spouse sign the spousal consent below if you live in a community property state. If more than one primary or contingent beneficiary is designated, the assigned percentages must equal 100%, or the beneficiaries will be assigned equal percentages. Contingent Beneficiaries take hereunder only if all Primary Beneficiaries fail to survive me. If multiple Primary or Contingent Beneficiaries are named, as to each Beneficiary that shall not survive me, his or her share (if any for a Contingent Beneficiary) shall be distributed to the remaining Beneficiaries, Primary or Contingent as the case may be in the proportions shown. Additional beneficiary designations or changes must be made via the proper form.

Full Name	*Relationship*	*Soc Sec #*	*Birth Date*	*% to Beneficiary*

Primary Beneficiaries

Contingent Beneficiaries

Spousal Consent: Complete this section if (1) Account Owner is married and has designated a Primary Beneficiary other than his/her spouse; and (2) this IRA account includes property in which his/her spouse possesses a community property interest. As of December 31, 2010, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

I am the spouse of the Account Owner named above, I agree to my spouse's naming of a Primary Beneficiary other than myself, and I acknowledge that I shall have no claim whatsoever against Millennium Trust Company, LLC for any payment to my spouse's beneficiary(ies).

Spouse's Name:

Spouse's Signature: ______________________________ Date:

Please continue to page four to complete this form.

G ACCOUNT OWNER'S ACKNOWLEDGEMENT AND AGREEMENT

Acknowledgement, Agreement and Signature *(Please read carefully, then sign and date below):*

I acknowledge and agree that it is my sole responsibility to direct the investment of the assets of my IRA with Millennium Trust Company, LLC as custodian ("Custodian"), and that the Custodian shall have NO LIABILITY for any losses, expenses, damages, costs, court costs including attorney fees or taxes, including a prohibited disqualification tax, and other liabilities and claims (collectively, "Damages") resulting from transactions executed by the Custodian in following directions from me or my authorized Investment Agent. I acknowledge that the Custodian does not provide any investment management or advice and will not be responsible for the performance of any asset in my IRA. I will obtain and read any applicable prospectus, private placement memorandum, offering circular or similar document prior to directing the Custodian to make any investment on behalf of my IRA. I agree to defend and indemnify the Custodian and to hold the Custodian harmless from and against all damages arising from taking any action directed orally or in writing by me or my authorized Investment Agent, or otherwise in connection with any investment which I, or my Investment Agent, has directed.

I understand the eligibility requirements for the type of investments I am making and state that I qualify to establish an IRA and to make such investments. I acknowledge that the Custodian has no responsibility for tax consequences due to additions to or distributions from this IRA. I acknowledge that I have received a copy of the Individual Retirement Account Custodial Agreement ("Agreement") and the accompanying Disclosure Statement, and I understand and agree to be bound by the terms, and conditions in both. I acknowledge that I have had the opportunity to review the Custodian's Fee Schedule and agree to the establishment fee and the other fees charged by the Custodian and the procedures in Article XVII of the Agreement. If I elect to make a rollover contribution to this IRA, I certify that I understand the rollover rules and I will meet the applicable requirements. I acknowledge that the Custodian does not provide, and I have not received from Custodian any tax or legal advice. I hereby certify that all information provided by me is true and correct.

IMPORTANT USA PATRIOT ACT INFORMATION

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

***What this means to you:* You must provide us with your name, residential address, social security number, date of birth and your driver's license number before we will accept and open your account.**

Under penalties of perjury, I certify that (1) the Social Security number is my correct tax identification number; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or if so notified, such notice is no longer in effect; and (3) I am a U.S. person (including a U.S. resident alien). The IRS does not require that I consent to any provisions of this document other than this certification to avoid backup withholding.

ALL SECTIONS MUST BE COMPLETED IN ORDER TO AVOID DELAYS IN PROCESSING.

IRA Account Owner Signature: ______________________________ Date: __________

Millennium Trust Company, LLC has entered into an Individual Retirement Custodial Agreement as Custodian with the above account owner. Millennium Trust Company, LLC by its authorized representative agrees to act as Custodian.

By: ______________________ Account No.: ______________________ Date:______________

For Internal Use Only:

Reference: ____