

IRA Custodial Account Application

Traditional ♦ Roth ♦ SEP

Client Services
866.928.9394
512.637.5739

www.StrataTrust.com

Send to: (Please submit using one method)
Email: NewAccounts@StrataTrust.com
Fax: 512.495.9554
US Mail: PO Box 23149, Waco, TX 76702
Overnight: 7901 Woodway Dr, Ste 200, Waco, TX 76712

For Internal Use Only IRA Account # _____ BDID _____

Section 1 Account Owner Information

Title Mr. Mrs. Ms. Dr. Full Legal Name (first, middle, last)

Street Address (required) City State Zip

Mailing Address (if different from Street Address) City State Zip

Social Security Number Date of Birth (MM-DD-YYYY) Email Address

Home Phone Work Phone

Driver's License # State Issued Expiration Date (MM-DD-YYYY)



If you do not have a valid state-issued driver's license, you must provide a legible photocopy of a valid government-issued photo ID.

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: When you open an account, we will ask your name, address, date of birth, social security number or tax identification number and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening an account. In certain instances, STRATA Trust Company ("STRATA") is required to collect documents to fulfill its legal obligation. Documents provided in connection with your application will be used solely to establish and verify a customer's identity, and STRATA shall have no obligation with respect to the terms of any such document.

How did you hear about us?

Internet Search Friend or Financial Professional Conference/Trade Show

News Article or Press Release Advertisement in _____ Other _____

Section 2 IRA Type

Type of IRA: (Must select one) Traditional Roth SEP (IRS Form 5305-SEP is required)

Check if applicable and complete section here →

- Beneficiary IRA
- Minor IRA

Deceased Owner's Name (or Parent's/Guardian's Name if for Minor)

Deceased Owner's Date of Birth (MM-DD-YYYY)

Deceased Owner's Social Security Number

Deceased Owner's Date of Death (MM-DD-YYYY)

Section 3

Account Funding

Initial funding of this IRA will come from:

- Direct Transfer from another IRA
→ Complete the **IRA Transfer Request** form and attach copy of recent statement.
- Rollover from a previous employer's qualified retirement plan
→ Contact the plan administrator to obtain the necessary forms + Complete our **Deposit Certification** form to certify the rollover.
- Rollover from another IRA account: Traditional Roth SEP SIMPLE
→ Complete our **Deposit Certification** form to certify the rollover.
- Annual Contribution
→ Specify type: IRA Contribution for current tax year 20____: \$ _____
 IRA Contribution for prior tax year 20____: \$ _____ *(Made between January 1 and the April tax filing deadline.)*
 SEP Contribution of \$ _____ *(Reported for tax year in which received.)*
- Recharacterization or Roth Conversion
→ Complete the **Recharacterization Request** form or **Roth Conversion Request** form.

Section 4

Account Options

Online Account Access: Online access is automatically available for all accounts. When you receive your new account number, simply go to www.StrataTrust.com, select Account Access, and follow the easy steps to self-enroll.

- Electronic Delivery of Communications:** By electing this option, you agree to receive communications from us electronically at no charge. Communications include account statements, invoices, tax forms, notices and other correspondence. You must self-enroll for Online Account Access as shown above.
- Paper Delivery of Communications:** Check if you want to receive communications from us mailed to your address of record. Communications include account statements, invoices, tax forms, notices and other correspondence. (An annual Paper Statement fee will apply.)

(If no option is selected in this section, Electronic Delivery of Communications will apply.)

Section 5

Fees and Payment Options

- Select your Fee Tier:**
- Refer to the **IRA Fee Schedule** included with this Application.
 - Select the fee tier based on the type of investment(s) you plan to purchase, transfer or rollover.
 - If no selection is made, you will be charged at the Flex IRA fee schedule, at the highest account value.

- Precious Metals fee tier: Initial account size will be: \$0-\$100,000 \$100,001 or over
- Basic fee tier: Publicly-registered investments
- Flex fee tier: Private investments or real estate
Initial account size will be: \$0-\$100,000 \$100,001-\$200,000 Over \$200,000

Select your Fee Payment Option:

- Any unpaid IRA fees will be deducted from the cash balance prior to processing any transaction, which may result in a lesser amount available for a transaction. To avoid this, include payment for all applicable fees with this Application or make sure sufficient cash will be transferred to cover all fees.

First Year IRA Fees: Check enclosed Deduct from initial account funds Bill my credit or debit card
(Submit the Credit Card Authorization form)

Annual IRA Fees: Invoice me annually Deduct from my account annually
(Must have sufficient cash balance available.)

Section 6

Beneficiary Information

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If the primary or contingent box is not checked, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and the distribution percentages are not indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. If more than one contingent beneficiary is designated and the distribution percentage is not indicated, the beneficiaries will 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 pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If no primary or contingent beneficiary(ies) survive me, the remaining balance in my account shall be payable to my legal spouse, or if none, my estate.

Beneficiary Name and Address	Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship	Primary or Contingent	Share % Must total 100%
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Spousal Consent: Complete this section if (1) Accountholder is married and has designated a primary beneficiary other than his/her spouse; and (2) this IRA includes property in which his/her spouse possesses a community property interest. As of July 1, 2017, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. 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 Beneficiary Designation form.

I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the following consent.

I am the spouse of the above-named IRA Accountholder. 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 Accountholder 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 STRATA Trust Company.

Signature of Spouse

Date

Section 7 Designate a Representative (optional)

Complete this section if you wish to designate a Representative on your Account. By designating a Representative (“Representative” or “Rep”), you are appointing the Representative to act as your agent with regard to directives with respect to your Account. Your Representative is not in any way an agent, employee or representative of STRATA Trust Company (“STRATA”).

I wish to designate the following person or company as my Representative on my Account according to Article 9.3 of the IRA Custodial Account Agreement.

Your Representative may be your financial professional, broker, or other person or firm you choose. However, it may not be: (1) STRATA or (2) the sponsor of or otherwise affiliated with an investment in your Account.

By designating a Representative on your Account, you give the Representative the power to:

- Authorize instructions and investment directions on your behalf to STRATA.
- Receive copies of any and all correspondence related to your STRATA account, including but not limited to, your account statements.
- Have unlimited access to information regarding your STRATA account.

I understand I may change or remove my Representative designation at any time by completing STRATA’s Account Representative Designation form.

<input type="checkbox"/> I do not wish to designate a Representative at this time.				
<input type="checkbox"/> I wish to designate the Representative shown below.				
Rep Name			Rep # (if applicable)	
Company Name				
Rep Address		City	State	Zip
Rep Phone	Rep Fax		Rep Email	

Section 8 Designate an Interested Party (optional)

Complete this section if you wish to authorize STRATA Trust Company (“STRATA”) the ability to discuss and/or provide information about your account to an individual or company. This individual or company will be the Interested Party (“IP”) on your Account, subject to the following terms.

- I understand that my IP may be any individual or company that I choose (except it may not be STRATA).
- By designating the following IP on my Account, I understand that I am granting permission for STRATA to discuss or provide information on my Account with the individual or company named herein.
- I understand that I may change or remove my IP designation at any time in writing by completing STRATA’s Interested Party Designation Request form.

<input type="checkbox"/> I do not wish to designate an Interested Party at this time.				
<input type="checkbox"/> I wish to designate the Interested Party shown below.				
IP Name				
Company Name				
Address		City	State	Zip
Phone	Fax		Email	

Important: Please read this entire section carefully before signing. We must have a signature to open the account. This Agreement contains important disclosures about your duties and responsibilities with regard to opening a Self-Directed Individual Retirement Account ("Account") with STRATA Trust Company ("STRATA") as your custodian. By signing below, you certify that you received, read, understand and agree to all terms and provisions shown in the Agreement below, including the terms of the attached IRA Custodial Account Agreement (the "Custodial Account Agreement"), Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule. In directing this action, you make the following representations, certifications and agreements:

1. **Appointment of Custodian, Receipt of Custodial Account Agreement and Right to Revoke:** I appoint STRATA as custodian of my Account. I acknowledge that I have received and read the Custodial Account Agreement, Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule 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 a penalty by mailing or delivering a written notice to STRATA.
2. **Eligibility to Establish IRA:** I represent and certify that I meet the requirements set forth in Section 408 of the Internal Revenue Code (the "Code") and any regulation promulgated by the Internal Revenue Service and/or Department of Treasury to establish an individual retirement account ("IRA") and represent and certify that I am eligible to establish an IRA. Furthermore, I agree that it is not the responsibility of STRATA to advise me as to the legality, validity or the tax implications of any contribution or transaction in my Account.
3. **Sole Responsibility for Investments:** I understand and agree that my Account is self-directed, which means that I am solely responsible for the management of the assets placed within my Account, including the selection, monitoring, and retention of all investments held within my Account. I understand and agree that STRATA (i) is in no way responsible for providing investment advice or recommendations, as to my Account, (ii) is not a "fiduciary" for my Account as such term is defined in the Code, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), by the Texas Department of Banking or under any other applicable federal, state or local laws. Furthermore, STRATA has no responsibility to question any investment direction given by me or my Designated Representative, if I have appointed one, regardless of the nature of the investment. I understand that STRATA is in no way responsible for the performance of any investment(s) held within my Account.
4. **No Due Diligence Review Conducted by Custodian:** I understand and agree that STRATA does not conduct any due diligence review of any investment, nor will STRATA make any investigation with regard to any investment, any issuer or sponsor of any investment, or any officer, director, or other person or entity involved or affiliated with any investment. I understand and agree that STRATA will not review or evaluate the prudence, viability, suitability, legality, or merits of any investment held in my Account. I understand that STRATA permits my Account to invest in a wide variety of investments based on administrative factors only. I acknowledge that STRATA does not sponsor or endorse any investment product other than the FDIC-insured NOW account where any uninvested funds are held.
5. **Investments Not Guaranteed or Insured and May Lose Value:** I understand and agree that investments held within my Account are not guaranteed by STRATA and that my investments are subject to investment risk, including the possible loss of the principal invested, and that my investments may lose value. I understand and agree that, except to the extent of the cash which is invested in the STRATA Trust Company Custodial Account (which are held at Horizon Bank and/or other Federally insured banks, and are FDIC insured), or directed into other FDIC insured bank products, the investments within my Account are not FDIC-insured, nor are any investments guaranteed by STRATA or Horizon Bank, and that such investments may lose value.
6. **IRA Fees and Payment Policy:** I acknowledge that I have received, reviewed, and approved the IRA Fee Schedule included with this IRA Application as well as Article XIV of the Custodial Account Agreement, and I agree and consent to timely pay all fees provided therein within 30 days of receiving notice of such fee. Certain custodial fees may be paid for a limited time under a special fee arrangement with an investment issuer or related service company if an Account purchases a qualifying investment. If at any time the investment issuer or related service company elects to discontinue the fee arrangement, I understand that I will become responsible for payment of all fees associated with my Account.
7. **Indemnification and Hold Harmless:** I agree to indemnify STRATA and their respective principals, officers, directors, shareholders, partners, members, employees, consultants, affiliates and agents, including any legal representatives or controlling persons of any such person (each, an "Indemnified Party"), and to hold each harmless from and against any losses, claims, settlement costs, injury, breach of laws, damages, liabilities, charges, taxes, penalties, or other expenses, including reasonable attorneys' fees, due to or arising out of (i) a breach of any representation, warranty, acknowledgement, certification or agreement contained in this Agreement or in any other document in connection with my establishment and management of my Account, (ii) the execution by STRATA of any direction provided by me with respect to my Account, (iii) any action or inaction by an Indemnified Party with respect to my Account that, although not pursuant to my specific direction, is otherwise contemplated under the terms of this Agreement or the Custodial Account Agreement (iv) any investment whatsoever made with respect to my Account, and (v) any tax consequences relating to my Account, including, without limitation, the tax and withholding requirements on any distributions from my Account.
8. **Dispute Resolution:** I agree to meet and confer in good faith with STRATA to resolve any problems or disputes that may arise under this Agreement, the Custodial Account Agreement, or any other dispute related to my Account with STRATA. Otherwise, I acknowledge and consent to the dispute resolution provisions outlined in Article 17.5 of the Custodial Account Agreement.

All sections of this Application should be completed to avoid processing delays.

Agreed and accepted by Applicant,



Acountholder Signature

Date

This section to be signed by IRA Custodian.

Accepted by STRATA Trust Company as IRA Custodian:

Authorized Signature of STRATA Trust Company

Date

What's next? STRATA processes applications within 24 hours (Monday-Friday) of receiving a signed application in good order. Shortly afterward, you will receive a welcome package by US Mail. Your welcome package will confirm your account number, and you may then self enroll for online account access at StrataTrust.com. Contact STRATA's Client Service Team with any questions about your new account by calling 1-866-928-9394, Monday-Friday, 8:00 am - 5:30 pm Central Time.

Account Statements: Account statements are issued at the end of each calendar quarter in the months of April, July, October and January. Statements will be delivered to you according to the delivery option you elected in Section 4. You may change how communications are delivered to you at any time by completing our Communications Preference Request form available at StrataTrust.com.

Client Services
 866.928.9394
 512.637.5739
 www.StrataTrust.com

Send to: (Please submit using one method)
 Email: PreciousMetals@StrataTrust.com
 Fax: 512.495.9554
 US Mail: PO Box 23149, Waco, TX 76702
 Overnight: 7901 Woodway Dr, Ste 200, Waco, TX 76712

Use this form to elect the depository storage facility and method for the safekeeping of precious metals in your IRA with STRATA Trust Company ("STRATA").

Section 1 Account Owner Information

Accountholder Name	Account Number
Daytime Phone	Email Address

Section 2 Depository Facility and Storage Method Please check one

Delaware Depository Service Co
 3601 North Market Street
 Wilmington, DE 19802
 For deposit to: STRATA Trust Co FBO (accountholder name) IRA#

Select the Storage Method for Gold, Platinum, and Palladium: If the Storage Method for Gold, Platinum, and Palladium is not specified, Commingled Storage will be your default election. Note: All Silver will be held in Commingled storage as Segregated storage is not available.

Commingled storage: I authorize STRATA to open a Commingled storage account with my chosen depository. I understand that STRATA maintains a segregated storage area with the respective depositories, separate and apart from other customers, and my precious metals will be commingled with other STRATA customers within that storage area. I further understand that my initial and annual storage fee will be \$100. The initial storage fee is due and payable now and annually in the anniversary month of the account establishment.

Segregated storage (not available for silver): I authorize STRATA to open a Segregated storage account with the chosen depository. I understand that STRATA maintains a segregated storage area with my chosen depository, separate and apart from other customers; and my precious metals will be segregated, stored and marked with my name and IRA number. I further understand that my initial and annual storage fee will be \$140. The initial storage fee is due and payable now and annually in the anniversary month of the account establishment.

Values for precious metals shall reflect the spot value which is the current market price at which a metal is bought or sold for immediate payment and delivery. Spot values should be used as an indication of value only and should not be construed as a firm bid price to buy by any broker or dealer. The actual precious metals type and quantity of a transaction may affect the price received for any given bullion item. Spot values do not include any dealer mark-ups, mark-downs or commissions. Proof coins must be encapsulated in complete, original mint packaging, including certificate of authenticity, and in excellent condition. Non-proof coins must be in Brilliant Uncirculated condition and free from damage. Price indications for specific bullion products may be obtained from various sources including your precious metals broker dealer or on the internet at sites such as www.BullionValues.org.

Section 4 Accountholder Signature Must sign before your precious metals purchase can be processed

I direct STRATA Trust Company ("STRATA") to open a storage account with the above designated precious metals depository for storage of my IRA-owned precious metals. By signing this form, Accountholder agrees to pay the depository's annual storage fee, transfer fees, shipping fees and other charges that may be incurred for holding precious metals as shown on the STRATA IRA Fee Schedule.

 _____
 Accountholder Signature _____
Date



Client Services
 866.928.9394
 512.637.5739
 www.StrataTrust.com

Deposit Certification

Send to: (Please submit using one method)
 Email: Deposit.Info@StrataTrust.com
 Fax: 512.495.9554 / Attn: Accounting
 US Mail: PO Box 849, Austin, TX 78767
 Overnight: 901 S. Mopac Expy,
 Barton Oaks Plaza II, Ste 100
 Austin, TX 78746

Section 1 Account Information

Accountholder Name		Account Number
Daytime Phone	Email Address	
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	
Deposit Amount	Check Number	Wire Transfer Date

Section 2 Type of Deposit

- Contribution Deposit** (Accountholder must sign in Section 3 below)
 - Annual Contribution for Tax Year* _____ *Tax year is an irrevocable designation. If no tax year is chosen, the default will be the current tax year.
 - Annual SEP Contribution (Reported in year received)
 - Rollover from an employer's qualified retirement plan
 - Rollover from another IRA account: ___ Traditional ___ Roth ___ SEP ___ SIMPLE

- Investment-Related Deposit** Must specify name of the investment below.

Investment or Property Name

- Note or Debt Payment:** Must complete the payment information below, including any interest and principal breakdown.

Principal \$ _____ Interest \$ _____ Other: _____ \$ _____

Ending Balance on Note/Debt \$ _____ Note Payoff: ___ Partial ___ Full

- Sale or Return of Capital:** Must complete the payment information below, including share reduction information.

___ Return of Capital ___ Full: All current shares/units will be removed with this transaction

___ Sale of Asset ___ Partial: # Shares or units removed = _____ # shares/units remaining = _____

- Dividend**
 Rental Income
 Late Fees \$ _____
 Other _____

Section 3 Signature—Accountholder must sign below if deposit is a Contribution.

I hereby certify that all information provided is true and correct and may be relied on by STRATA Trust Company ("STRATA").

If making a Contribution, the undersigned understands the terms and conditions applicable to the IRA account are contained in the IRA plan agreement and agrees to be bound by those terms and conditions. The undersigned certifies that (i) the eligibility requirements have been met for making the type of IRA contribution indicated above, (ii) accountholder assumes complete responsibility for ensuring that all IRA contributions made are within the limits set by the tax laws, related regulations and plan agreement and for the tax consequences of any contributions (including any rollover and conversion contributions) and distributions, and (iii) the deposit described above is eligible to be contributed to the IRA.

If making a Rollover, the undersigned Accountholder understands the rules and conditions applicable to direct rollovers and certifies that (i) the requirements have been met for making a direct rollover of the funds shown above (ii) all funds are being deposited within the allowable 60 day period since distributed to me, (iii) this is the only rollover for or by me within the previous 12 month period, and (iv) none of the assets being deposited contain amounts from a Required Minimum Distribution. I acknowledge that I have been advised to see a tax professional due to the important tax consequences of rollovers. I assume full responsibility for this rollover transaction and will not hold STRATA liable for any adverse consequences that may result. I hereby irrevocably designate the rollover amount shown above as a rollover contribution.

 Accountholder Signature _____
Date



IRA Fee Schedule

Effective September 1, 2016

Precious Metals IRA for Precious Metals Investments

Account may hold only Precious Metals:

- American Eagle gold, silver and platinum coins
- Other coins as allowed under IRC §408(m)(3)
- Other precious metal products which meet the minimum fineness requirements and manufactured by a NYMEX or COMEX approved refiner

Basic IRA for Public Investments

Account may hold any combination of:

- Brokerage Accounts
- Public REITs
- Public LPs and LLCs
- Public Note or Debt Offerings
- Bank CDs
- Other publicly registered or available products

Flex IRA for Alternative Investments

Account may hold any combination of:

- Precious Metals or Basic IRA products
- Real Estate
- Trust Deeds/Mortgages
- Private Stocks and REITs
- Private LPs and LLCs
- Private Note or Debt
- Other alternative investments permitted by STRATA

Account Set-up Fee (Due upon account opening)			
If opened using our secure Online Portal	\$25	\$25	\$25
If opened using a Paper Application	\$50	\$50	\$50
Annual Account Fees Due at account opening and annually on anniversary of account opening.			
			Based on Total Account Value:
	\$75 if under \$100,000	\$100	\$175 if \$0 - \$100,000
	\$125 if \$100,000 or over		\$200 if \$100,001 - \$200,000
			\$300 if \$200,001 or over
Paper Statements Mailed (Electronic statements provided at no cost)	\$30	\$30	\$30
Late Fee (Charged for every 30 days past due)	\$15	\$15	\$15
Annual Asset Holding Fees Charged with Annual Account Fee after first year.			
Real Estate Holding (per property - capped at 3; maximum fee = \$300)	—	—	\$100
Private Investment Holding (per asset - capped at 4; maximum fee = \$200)	—	—	\$50
Annual Precious Metals Storage Fee Charged upon opening the required storage account and annually on account anniversary.			
Commingled Precious Metals Storage	\$100	\$100	\$100
Segregated Precious Metals Storage Only Gold, Platinum, and Palladium	\$140	\$140	\$140
Processing Fees Charged at time transaction processed.			
Real Estate Purchase or Sale (per transaction)	—	—	\$125
Private Investment Purchase or Sale	—	—	\$50
Precious Metals Purchase, Sale or Exchange	\$40	\$40	\$40
Precious Metals Shipping	\$10 + cost	\$10 + cost	\$10 + cost
Service Fees Charged at time service is provided; Service Fees subject to change without notice.			
Overnight (if charged to our account or to another party's account when pre-filled FedEx or UPS airbill/label is not provided)	\$20 + cost	\$20 + cost	\$20 + cost
Stop Payment	\$25	\$25	\$25
Return Check	\$25	\$25	\$25
Wire - Domestic	\$25	\$25	\$25
Wire - International	\$50	\$50	\$50
Duplicate Statement/5498/1099-R	\$15	\$15	\$15
Distribution/Withdrawal by ACH (if scheduled monthly or quarterly)	No charge	No charge	No charge
Distribution/Withdrawal by Check	\$5	\$5	\$5
Distribution/Withdrawal by Wire	\$25	\$25	\$25
Federal Withholding / State Withholding	\$5 each	\$5 each	\$5 each
Cashier's Check	\$25	\$25	\$25
Roth Conversion or Recharacterization (per asset)	\$50/asset	\$50/asset	\$50/asset
990-T Processing	\$50	\$50	\$50
Late FMV	\$50	\$50	\$50
Corrected 5498 or 1099-R	\$100	\$100	\$100
Account Reinstatement	\$100	\$100	\$100
Note Modification	-----	-----	\$50
Partial Termination (cash or per in-kind asset)	\$100	\$100	\$100
Account Termination	\$250	\$250	\$250
Research or Special Services (per hour; 1 hour minimum)	\$75	\$75	\$75

STRATA reserves the right to charge for other services not shown above.

Cash Account Information for Un-invested Cash: Funds received on behalf of an IRA account are automatically deposited into a Custodial NOW account held with Horizon Bank, an affiliate of STRATA Trust Company ("STRATA"), and/or other depository banks selected by STRATA, where they are FDIC-insured up to \$250,000 per depositor, pending further investment direction. Interest rates are subject to change in accordance with market conditions at the sole discretion of STRATA. Please refer to the *Terms for Uninvested Cash* section in your IRA Accountholder Agreement for more information.

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

Privacy Notice

Rev. 12/2011

FACTS

WHAT DOES STRATA TRUST COMPANY DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and transaction history
- Account balances and payment history
- Account transactions and retirement assets

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons STRATA Trust Company chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does STRATA Trust Company share?	Can you limit this sharing?
For our everyday business purposes – Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call (512) 637-5739 or go to www.StrataTrust.com

Who we are**Who is providing this notice?**

STRATA Trust Company

What we do**How does STRATA Trust Company protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does STRATA Trust Company collect my personal information?

We collect your personal information, for example, when you

- open an account or direct us to sell your securities
- provide account information or direct us to buy securities
- make deposits or withdrawals from your account

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes – information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

Definitions**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- STRATA Trust Company does not share with our affiliates

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- STRATA Trust Company does not share with nonaffiliates so they can market to you

Joint Marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- STRATA Trust Company doesn't jointly market

Other Important Information**COMPLAINT NOTICE**

STRATA Trust Company is chartered under the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. Any consumer wishing to file a complaint against STRATA Trust Company should contact the Texas Department of Banking through one of the means indicated below:

In Person or by Mail: 2601 North Lamar Boulevard, Austin, Texas 78705

Telephone Number: (877) 276-5554, Fax Number: (512) 475-1313, Email: www.dob.texas.gov/contact-us