



2001 Spring Road, Suite 700
 Oak Brook, IL 60523
 800.618.6177 Alternative Investments
 800.932.0053 Futures
 www.mtrustcompany.com

SELF DIRECTED IRA ADOPTION AGREEMENT

To complete this application, you will need your:

- Residential address
- Date of birth
- Beneficiaries' names, dates of birth, and Social Security Numbers
- Social Security Number
- E-mail address
- Voided check for ACH debit option (if applicable)

Please print after completion. For assistance with this application, please contact a Client Service Specialist at 800.618.6177 for Alternative Investments or 800.932.0053 for Futures. (Hours: Monday - Friday, 8:00 am to 4:30 pm Central time.)

A Account and Investment Type

Choose only one account type.

- Traditional IRA Roth IRA
 SEP IRA (Must complete SEP IRA Contribution Agreement Form #IRA-026.)

Is this a Rollover account? Yes No

Was this account an inherited IRA?

- Yes Please provide the name of the original account holder:
 No

Choose only one investment type.

- Futures/Forex Alternative Investments
 Precious Metals Traditional Investments

B Account Owner's Information

Enter full name: First: Middle: Last:

Home Telephone No.: Work Telephone No.:

Remember to include e-mail address if opting for online account access.

E-mail Address: Mother's Maiden Name:

Social Security No.: Date of Birth:

Residential Address

Your Residential Address cannot be a P.O. Box.

Address:

City: State: Zip:

Account Mailing Address

If your mailing address is different from your residential address, indicate here.

Address:

City: State: Zip:

Driver's License

No.: State:

Please continue to page two to complete this form.



C IRA Funding Information

<p>Identify how your IRA will be funded: ▶</p>	<p><input type="checkbox"/> Regular IRA Contribution for tax year: <input type="text"/> <i>(Please complete Deposit Form #OPR-012)</i></p> <p><input type="checkbox"/> Regular IRA Contribution for tax year: <input type="text"/> <i>(Please complete Deposit Form #OPR-012)</i></p> <p><input type="checkbox"/> IRA Account Transfer (estimated total): <i>(Please complete IRA to IRA Account Transfer Authorization Form # IRA-007)</i></p> <p><input type="checkbox"/> Qualified Plan Direct Rollover: <i>(Please complete Qualified Retirement Plan Authorization of Direct Rollover Form # IRA-008)</i></p> <p><input type="checkbox"/> 60-Day Rollover: Cash <i>(Please complete Deposit Form #OPR-012)</i> In-Kind Assets <i>(Please complete Deposit Form #OPR-012)</i></p>	<p>Amount Transferred/ Funded:</p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p>
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Note: Make sure to complete the appropriate Deposit/Transfer form and return with your application.

D Account Access And Statement Preference

Please indicate your preferences with respect to online account access: ▶

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* paper statements 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 paper statements quarterly through the U.S. Mail.

Complete the Third Party Authorization Form #OPR-004 if choosing this option. ▶ **Request Investment Agent/Advisor Access**
I would like my Investment Agent to receive duplicate paper 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).

Online enrollment instructions will be sent to you within 10 business days of the account opening.

Note: If no option is selected, and if you have provided your e-mail address in Section B, your account statements will be made available to you online, otherwise you will receive paper statements quarterly.
A valid, unique e-mail address is required for all users.

There is a \$25.00 annual fee for paper statements.

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.

Please continue to page three to complete this form.

F 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 payment options.

Credit Card (Fill out Credit Card information below.)

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 annual IRA fees.

Please attach a voided check to this form if choosing the ACH option.

Debit (ACH) my checking account. (Fill out bank information below.)

Bank Name: Bank Phone No.:

Transit/ABA No. (9 digits): Account No.:

Name(s) on Account:

If no selection is made, Millennium Trust will default to the Invoice option.

Note: If you select either the Credit Card or Debit (ACH) option, you must provide us with your e-mail address 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.

Invoice (\$10.00 fee per invoice applies.)

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

G Account Beneficiary Designation

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.

Identify your primary and contingent beneficiaries.

Full Name	Relationship	Soc Sec #	Birth Date	% to Beneficiary
► Primary Beneficiary(ies)				
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Percentages must equal 100%.

► Contingent Beneficiary(ies)

<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please continue to page four to complete this form.

G Account Beneficiary Designation Continued

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 must sign if not the primary beneficiary.

► Spouse's Signature: _____ Date:

H 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 obtained and read 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 titled "Administrative Expenses and Custodial Fees" 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.

I specifically acknowledge that in agreeing to the terms of the Agreement I am agreeing to bring any dispute or action I may have with or against Millennium to arbitration in accordance with the terms of the "Arbitration" Article of the Agreement, and giving up my right to bring an action in a court of law.

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 or State ID 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.

Review, sign, and date as IRA Account Owner.

► IRA Account Owner's Signature: _____ Date:

Please continue to page five to complete this form.

I Custodian Acceptance

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.

This section to be completed by Millennium Trust Company.

► By: _____ Account No.: _____ Date: _____

For Internal Use Only:

Reference: _____

Please retain a copy of this application, the Custodial Agreement, Disclosure Statement, Fee Schedule and Privacy Policy for your records.

Mail original signed documents to:
Millennium Trust Company
Attn: New Accounts Department
2001 Spring Road, Suite 700
Oak Brook, IL 60523