



Monthly Gold & Silver Savings Plan Application

Step 1: Choose Your Product (only one product from each metal category):

Silver Options \$100 or 5 oz minimum (unless noted otherwise)

- 5 oz Silver Bar \$120 or 1 unit minimum
- 2 oz Walking Liberty Silver Round \$150 or 3 units minimum
- 1 oz American Silver Eagle Coin
- 1 oz Canadian Silver Maple Leaf Coin
- 1 oz Australian Silver Kangaroo Coin
- 1 oz Don't Tread on Me Silver Round
- 1 oz Walking Liberty Silver Round
- 1/2 oz Walking Liberty Silver Round
- 1/4 oz Walking Liberty Silver Round
- 1/10 oz Walking Liberty Silver Round \$150 or 50 units minimum

Gold Options

- 1 gram Gold Bar \$100 or 2 units minimum
- 1/10 oz Lady Liberty Gold Round \$200 or 1 unit minimum
- 1/10 oz Canadian Gold Maple Leaf Coin \$200 or 1 unit minimum
- 1/10 oz Australian Gold Kangaroo Coin \$200 or 1 unit minimum
- 1/10 oz American Gold Eagle Coin \$200 or 1 unit minimum
- 1/4 oz American Gold Eagle Coin \$400 or 1 unit minimum
- 1/2 oz American Gold Eagle Coin \$800 or 1 unit minimum
- 1 oz American Gold Eagle Coin \$1500 or 1 unit minimum

Amount \$ _____ **OR** Quantity _____ ounces

Amount \$ _____ **OR** Quantity _____ units

Step 2: Choose Your Purchase Date: 1st 10th 15th 25th

Step 3: Choose Your Shipping Preference:

- Combine 3 monthly purchases and ship a single package (Saves 66.7% of shipping costs and is mandatory if paying by automatic debit.)
- After Each Purchase
- Store with Money Metals Depository (Zero cost to ship, storage fees apply.)

PAYMENT INFORMATION

- Credit Card (4% fee applied) Invoice
- Automatic Debit (must choose to ship after every third purchase)

To pay by Credit Card:

Card Number: _____

Exp. Date: ____ / ____ Security Code: _____
(address on right must match billing address on card)

To pay by Auto Debit:

Bank Name: _____

- Checking Savings

Routing #: _____

Account #: _____

ACCOUNT INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

I would like my monthly purchase completed on the date selected above each month until I notify **Money Metals Exchange** that I wish to cancel participation in the program.

Signature: _____

Date: _____

RETURN YOUR APPLICATION

BY MAIL: M.M.X. • PO Box 2599 • Eagle, Idaho 83616

BY FAX: 1-866-861-5174

BY EMAIL: monthly@MoneyMetals.com

OR Enroll by Phone 1-800-800-1865



Please visit our website: www.MoneyMetals.com for current premiums for all items available.

NOTE: Larger quantities are available with lower premiums; visit the website above or give us a call!