



SELF-DIRECTED IRA APPLICATION

FOR PRECIOUS METALS ACCOUNTS

New Direction IRA, Inc.

www.NewDirectionIRA.com

1070 W Century Dr Ste 101

Louisville, CO 80027

Email: PMAT@ndira.com

Toll Free: 877-742-1270, ext. 185

Phone: 303-546-7930, ext. 185

Fax: 303-665-5962



**NEW
DIRECTION
IRA** Inc.

Self-Directed IRAs and more...

COMPLETING YOUR APPLICATION

APPLICATION CHECKLIST

- Have you included your \$50.00 account set up fee? **(needed to open account)**
- Have you indicated the type of account that you would like to open?
- Have you indicated how you would like to fund your account?
- Have you indicated your beneficiaries, including their Social Security Numbers? (Section 5)
- If you are married, have you reviewed section 6? If so, has your spouse signed this section?
- Have you signed the application?
- Have you signed the fee option page? **(needed to open account)**

APPLICATION

Apply online by clicking on the "Open Account Online" button on the upper right corner or our homepage:
www.newdirectionira.com

- OR -

Fill out the attached application and fee schedule.

Please include payment for the \$50 account opening fee:

Check Payable to: "New Direction IRA, Inc."

Amount: \$50.00

-OR-

Credit Card: VISA / MasterCard / Discover

WHERE TO SEND YOUR APPLICATION, FORMS, AND PAYMENT

Once you have completed these forms, please send them to:

Mail or Delivery: New Direction IRA
1070 W Century Dr Ste 101
Louisville, CO 80027

Fax: (303)-665-5962

Scan & Email: EmailDocs@ndira.com

Account Number: _____
(An account number will be assigned by the administrator and will be mailed to you.)

1. WHAT TYPE OF ACCOUNT WOULD YOU LIKE TO OPEN?

- Traditional IRA
 Roth IRA
 SEP IRA (Employer Name: _____)
- SIMPLE IRA (Employer Name: _____)
- Inherited IRA (Name of Deceased: _____)
 (Date of Birth of Deceased: _____ Date of Death of Deceased: _____)
- Health Savings Account (HSA) (Please only check one)
 Individual
 Family

2. HOW WOULD YOU LIKE TO FUND THE ACCOUNT?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Personal Contribution
Contribution Year: _____ | <input type="checkbox"/> Transfer
Move funds from IRA to IRA. | <input type="checkbox"/> Rollover
Take receipt of funds for up to 60 days before reinvesting them in a new IRA. | <input type="checkbox"/> Direct Rollover
Directly move funds from 401k to IRA. |
|--|--|--|---|

3. YOUR PERSONAL INFORMATION

Legal Name: (First, Middle, Last)
 Mr. Ms. Mrs. Dr. _____

Social Security Number:	Date of Birth: (MM/DD/YYYY)	<input type="checkbox"/> Married <input type="checkbox"/> Not Married
Physical Address:	City:	State: Zip:
Mailing Address: (If different from Physical Address)	City:	State: Zip:
Home Phone Number:	Cell Phone:	Fax Number:
Email Notifications with Account Changes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Advertisement <input type="checkbox"/> Article <input type="checkbox"/> Referred by: _____	Coupon Code:	

4. HOW WOULD YOU LIKE TO PAY THE ACCOUNT SET-UP FEE? (\$50 fee is due at time of account opening.)

Choose One: <input type="checkbox"/> Credit Card (Visa, MasterCard & Discover accepted) <input type="checkbox"/> Check Enclosed (make checks payable to: New Direction IRA, Inc.)	Credit Card Type: _____ Card Number: _____ Exp Date: _____ Exact Name on Card: _____ 3 Digit Security Code: _____ Signature: _____
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Account Number: _____

5. WHO ARE YOUR BENEFICIARIES?

If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate. I hereby revoke any prior beneficiary designation made by me and designate the below as my Primary and Contingent Beneficiary of this IRA.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:

Address:	City:	State:	Zip:
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Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:

Address:	City:	State:	Zip:
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Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:

Address:	City:	State:	Zip:
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Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:
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6. SPOUSAL CONSENT (Only required if your spouse is not the primary beneficiary.)

The consent of spouse must be signed only if **all** of the following conditions are present; your spouse is living, your spouse is not the sole Primary Beneficiary named and you and your spouse are residents of a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above designation of beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature _____ Date _____

Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse. Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Administrator disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

7. YOUR SIGNATURE

I understand that I may change or add beneficiaries at any time by completing and delivering this form to New Direction IRA, Inc.

Printed Name: _____

Signature: _____ Date: _____

Account Number: _____

8. ACKNOWLEDGEMENTS & AGREEMENT TO TERMS

Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Custodian and Administrator: The Custodian of my account is Mainstar Trust and the Administrator for my account is New Direction IRA, Inc. I understand that the Custodian and Administrator may resign by giving me written notice at least 30 days prior to the effective date of such resignation. I understand that if I fail to notify the Administrator of the appointment of a successor trustee or custodian within such 30-day period, then the assets held by the Custodian in my account (whether cash or personal or real property, wherever located, and regardless of value) will be distributed to me, outright and free of trust, and I will be wholly responsible for the tax consequences of such distribution.

No Tax, Legal, or Investment Advice: I acknowledge that the Custodian and Administrator do not provide or assume responsibility for any tax, legal, or investment advice with respect to the investments and assets in my account, and will not be held liable for any loss which results from my exercise of control over my account. I understand that my account is self-directed, and I take complete responsibility for any investments I choose for my account. I further understand that neither the Custodian nor the Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way agents, employees, representatives, affiliates, partners, independent contractors, consultants, or subsidiaries of the Custodian or the Administrator, and that the Custodian and the Administrator are not responsible for and are not bound by any statements, representations, warranties, or agreements made by any such person or entity. I will consult independently, as I determine is necessary, with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my account.

Prohibited Transactions: I understand that my account is subject to the provisions of the Internal Revenue Code (IRC) Section 4975 which defines certain prohibited transactions. I acknowledge and agree that neither the Custodian nor the Administrator will make any determination as to whether any transaction or investment in my account is prohibited under sections 4975, 408(e), or 408A, or under any other state or federal law. I accept full responsibility to ensure that none of the investments in my account will constitute a prohibited transaction and that the investments in my account comply with all applicable federal and state laws, regulations, and requirements.

Unrelated Business Income Tax: I understand that my account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Income Tax (UBIT) of tax-exempt organizations. I agree that if I direct the Administrator to make an investment in my account which generates income that is subject to UBIT, I will be responsible for preparing or having prepared the required IRS form 990-T tax return, an application for an Employer Identification Number (EIN) for my account, and any other documents that may be required, and to submit them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my account and to pay the applicable tax from the assets in my account. I understand that the Custodian and Administrator do not make any determination of whether or not investments in my account generate income that is subject to UBIT, have no duty to and do not monitor whether my account has incurred UBIT, and do not prepare Form 990-T on behalf of my account.

Valuation: I understand that the assets in my account are required to be valued annually at the end of each calendar year in accordance with IRC Section 408(i) and other guidance provided by the IRS, and that the total value of my account will be reported to the IRS on Form 5498 each year. I agree to provide the year-end value of any illiquid and/or non-publicly-traded investments, which may include without limitation limited partnerships, limited liability companies, privately held stock, real estate investment trusts, hedge funds, real estate, secured and unsecured promissory notes, and any other investments as the Custodian shall designate, by no later than the last business day of February of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all losses, expenses, settlements, or claims with regard to investment decisions, distribution values, tax reporting, or any other financial impact or consequence relating to or arising from the valuation of assets in my account.

Responsibility for Tax Consequences: I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my account. I assume all responsibility for: 1) determining that I am eligible for an account transaction that I direct the Custodian or the Administrator to make on my behalf; 2) ensuring that all contributions I make are within the limits set forth by the Internal Revenue Code; 3) the tax consequences of

any contributions (including rollover contributions) and distributions.

Indemnification: I agree that the Custodian and the Administrator have no duty other than to follow my written instructions and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my account under any circumstances. I understand that the Custodian and the Administrator are acting only as my agent, and nothing will be construed as conferring fiduciary status or responsibility on the Custodian or the Administrator. I understand that obtaining any information or communication related to the investment is my responsibility regardless of if was sent initially to the Administrator or some other party. The Administrator will attempt to forward communications received, but is not responsible for my timely receipt of any such communication. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorney's fees) and any loss to my account as a result of any action taken (or omitted to be taken) pursuant to and/or in connection with any investment transaction directed by me or my investment advisor or resulting from serving as the Custodian or the Administrator, including, without limitation, claims, damages, liability, actions, and losses asserted by me.

Electronic Communications, Signatures, and Records: I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state where the Custodian is organized (Kansas Statutes Annotated [KSA] Sections 16-601 et seq.) and the federal Electronic Signatures in Global and National Commerce Act (ESIGN Act, as contained in 15 U.S.C. 7001) as those laws pertain to electronic communication, electronic signatures, and electronic storage of Custodial Account records. I understand that, in lieu of retention of the original records, the Administrator and the Custodian may cause any or all of their records, and records at any time in their custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original.

No FDIC Insurance for Investments: I recognize that investments purchased and/or held within my account: 1) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2) are not a deposit or other obligation of, or guaranteed by, either the Custodian or the Administrator; and 3) are subject to investment risks, including possible loss of the principal amount invested.

Our Privacy Policy: You have chosen to do business with the Custodian and the Administrator. As our client, the privacy of your personal, non-public information is very important to us. We value our client relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect: We collect non-public, personal information about you from the following sources to conduct business with you: 1) information we receive from you on applications or other forms; 2) information about your transactions with us or others. Non-public, personal information is non-public information that we may obtain in connection with providing services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share: We do not sell or disclose any non-public information about you to anyone except as permitted by law, as required by law or other regulatory authority, or as specifically authorized by you in writing. We do not share non-public, personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian and the Administrator have agreed to the Custodian's and the Administrator's confidentiality and security policies. If you decide to close your account or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

Confidentiality and Security: We restrict access to non-public, personal information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public, personal information. The Custodian and the Administrator reserve the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy, please contact us at the address and/or telephone number listed on this application.

I acknowledge that I have received the Fee Schedule and Disclosure. I agree to abide by its terms as currently in effect or as they may be occasionally amended. I understand that failure to submit a signed Fee Schedule and Disclosure will result in fees "based on the value of assets" (see Fee Schedule).

Under penalties of perjury, I certify that the information I have provided above (including my Social Security Number) is correct. I hereby agree to participate in the Custodial Account offered by the Custodian. I acknowledge receipt of the Plan Agreement and Disclosure under which this account is established, a copy of this Application, and a copy of this Disclosure Statement with respect to the Individual Retirement Account. In the event that my account is to be funded by a rollover contribution, I hereby irrevocably elect, pursuant to the requirements if Section 1.402(a)(5)-1T of the IRS regulations, to treat such contribution as a rollover contribution. I direct that all benefits upon my death be paid as indicated above or by my subsequent beneficiary designation. If I have named or name a beneficiary which is a trust, I understand that I must provide certain information concerning such trust to the Custodian.

Account Owner's Signature: _____ **Date:** _____

New Direction IRA, Inc. Office Use:

New Direction IRA, Inc. has entered into an Individual Retirement Custodial Agreement as administrator with the account holder above. New Direction IRA, Inc. by its authorized representative, agrees to act as administrator.

By: _____ **Date:** _____

Precious Metals Fee Schedule

Ask a New Direction IRA representative for a fee schedule for other asset types.

1. ANNUAL ADMINISTRATION FEES

Flat rate of \$75 for accounts under \$100,000 total value.
Flat rate of \$125 for accounts at or above \$100,000 total value.

Storage Options:

New Direction IRA does not select the depository for the storage of your IRA's precious metals. You will need to select a storage provider. The storage fees will be billed to the IRA account.

2. PROCESSING FEES

IRA Setup Fee:

\$50 - One-Time IRA Setup Fee (charged at the time of account establishment)

Transaction Fees: Due when your IRA purchases an asset.

\$40 - Purchase, Sale, Exchange or Re-Registration of any Precious Metals

Movement of Funds Fees: Due when money moves from your IRA.

\$25 - Cashier's or Other Official Bank Check
\$30 - Overnight Mail
\$25 - Wire Transfer
\$40 - International Wire Transfer
\$30 - Returned Item or Stop Payment Request
\$ 5 - ACH Transfer, Trust Check

Other Fees: Due when services are rendered.

\$75 - ROTH Conversion or Recharacterization
\$20/month - Late Fee (assessed 30 days after fee due date is late)
\$150/hour - Special Services (such as research of closed accounts, legal research, expedited investment review or additional processing required for certain complex transactions)

Transfers Out, Partial Distribution or Full Distribution:

0.5% of the value
• Minimum of \$25
• Maximum fee of \$95

Plus Movement of Funds Fees and/or Transaction Fees as they apply.
Required Minimum Distributions are only subject to Movement of Funds Fees and/or Transaction Fees.

3. HOW WOULD YOU LIKE TO PAY FEES?

Pay fees by:

Credit Card (Visa, MasterCard, Discover)

Fund from Account

Credit Card Type: _____ Card Number: _____ Exp. Date: _____

Exact Name on Card: _____ 3 Digit Security Code: _____

Signature: _____

• Credit card information must be kept current. Unpaid fees will be deducted from the account if invoiced amount is not paid within 30 days of the invoice date.

4. SIGNATURE

Annual record keeping fees are not prorated and are withdrawn from your undirected funds (defined as any cash in the Custodial Account not invested pursuant to a specific investment direction by you), unless you submit payment to us directly prior to the due date by check, credit card, debit card or online via PayPal. Transaction fees are due prior to funding the transaction. Fees paid from your account will be reflected on your statement. If there are insufficient undirected funds in your account, we may liquidate other assets in your account to pay for such fees after a 30 day notification, in accordance with your Plan Agreement and Disclosure. In accordance with your Account Application, this Fee Disclosure is part of your Plan Agreement with the Administrator and must accompany your Application.

In accordance with your Plan Agreement and Disclosure, which is available on our website, custodial fees, described below, are part of the Plan Agreement. The Custodian shall be entitled to receive, from the assets held in the Custodial Account, a fee equal in amount to all income that is generated from any undirected funds which have been deposited by the Custodian into FDIC- or other United States government-insured financial institutions, United States government securities, or securities that are insured or guaranteed by the United States government, as provided in the Plan Agreement and Disclosure. The Custodian's fees from the undirected funds in the Custodial Account are associated with cash management activities, including, but not limited to, account maintenance, depository bank selection, transaction processing, sub-accounting, record keeping, and other services performed under the terms of this Agreement. The Custodian retains the right, but does not have the obligation, to reduce this fee by rebating a portion of the fee into the Custodial Account. The Depositor agrees that this fee may be retained by the Custodian as compensation for the services provided by Custodian under this Agreement. The Custodian may pay all or an agreed portion of this fee to the Administrator as agreed between the Custodian and the Administrator. The Custodian reserves the right to change all or part of the Custodial Fee Schedule at its discretion with 30 days advance written notice to Depositor.

I understand that if fees are not paid within thirty (30) days after New Direction IRA, Inc. has mailed the past due notice, New Direction IRA will begin the process of closing the account. I understand that any asset distributed directly to me as part of closing my account will be reported to the IRS on Form 1099 and may subject me to possible taxes and penalties. I agree that accounts with past due fees, unfunded accounts, and accounts with zero value will continue to incur administrative fees until such time as I notify New Direction IRA, Inc., of my intent to close the account or until New Direction IRA, Inc., and/or Mainstar Trust resigns.

Printed Name: _____

Signature: _____ Date: _____

MOVEMENT OF FUNDS INFORMATION

WHEN TO USE THE TRANSFER FORMS

Use when transferring cash/in-kind assets from one IRA to another IRA

Traditional IRA ➡ **Traditional IRA**

Roth IRA ➡ **Roth IRA**

A Transfer:

- Initiated by New Direction IRA
- Client completes New Direction IRA's Transfer Form and returns to New Direction IRA
- New Direction IRA processes and send to current/sending custodian
- Requires NO IRS reporting
- Funds sent directly from sending custodian to New Direction IRA

WHEN TO USE THE ROLLOVER CERTIFICATION FORM

Use to direct a rollover of cash/in-kind assets from: 401(k) or other Qualified Plan OR IRA distribution.

401(k)/Qualified Plan ➡ **IRA**

A Rollover:

- Re-deposits retirement funds that have been distributed
- Initiated by the client (you)
- Client completes current/sending custodian's Distribution Form or Withdrawal Form from qualified plan
- Client completes New Direction IRA's Rollover Certification Form and returns to New Direction IRA
- Funds may be sent to client OR directly to client's account at New Direction IRA
- Sending custodian will file a 1099R for client, to report the distribution
- If funds are deposited in client's IRA account at New Direction IRA within 60 days of distribution, there will be no IRS tax or penalty consequences.

WHEN TO USE THE DEPOSIT COUPON

Use when making an annual contribution to your IRA.

WHERE TO SEND FORMS

Many times original signatures are required when transferring funds from one retirement plan to another. We suggest mailing in the original transfer form and completed forms to:

New Direction IRA, Inc.
1070 W Century Dr Ste 101
Louisville, CO 80027

Transfer Form

1. YOUR INFORMATION

Your Name:		New Direction Account Number:	
Social Security Number:	Email Address:		Phone Number:
Legal Address:	City:	State:	Zip:

2. TRANSFER INFORMATION (Where are these assets currently?)

Name of Custodian/Trustee:		Account Number:	
Office Address:	City:	State:	Zip:
Contact Name:	Phone Number:	Fax Number:	<input type="checkbox"/> I have attached a copy of my current statement. (Required)

3. ACCOUNT TYPES

I am transferring funds **from**:

Traditional IRA Roth IRA SEP IRA SIMPLE IRA Inherited IRA HSA Coverdell Savings Account

I am transferring funds **to**:

Traditional IRA Roth IRA SEP IRA SIMPLE IRA Inherited IRA HSA Coverdell Savings Account

NOTE: If this is a transfer from a non-ROTH account to a ROTH IRA, it will be reported as a ROTH conversion deposit.

4. TYPE OF ASSET TO BE TRANSFERRED

Complete Transfer.

Cash* - Liquidate asset(s) and transfer cash to **New Direction IRA, Inc. FBO (My Name) IRA.**

In-Kind Transfer - Transfer asset(s) in-kind to **New Direction IRA, Inc. FBO (My Name) IRA.**

Transfer the following asset(s) in-kind: (asset description) _____

Partial Transfer.

Cash* - Liquidate and send \$ _____ in cash to **New Direction IRA, Inc. FBO (My Name) IRA.**

In-Kind Transfer - Transfer asset(s) in-kind to **New Direction IRA, Inc. FBO (My Name) IRA.**

Transfer the following asset(s) in-kind: (asset description) _____

*New Direction IRA requires 5 business days for checks to clear. Bank wires and money orders clear the business day after deposit.

5. DELIVERY INSTRUCTIONS

I would like my funds sent to New Direction IRA via:

Check/Mail (Checks clear within 5 business days) Wire

Please send this transfer form to the resigning custodian via:

Mail Express Delivery (\$30 fee. Please select a payment option below.)

Fax Number: _____ (You must ask your current custodian if they accept a faxed copy of the transfer form and you will need to provide fax number)

I would like to pay my express delivery charges via: **THE INFORMATION BELOW IS TO PAY FOR FEDEX CHARGES, NOT WIRE FEES**

Choose One:

Credit Card

Check Enclosed (make checks payable to: New Direction IRA)

Credit Card Type: (the following are accepted) Visa MasterCard Discover (For Express Delivery Charges ONLY)

Card Number: _____ 3 Digit Security Code: _____ Exp Date: _____

Exact Name on Card: _____ Signature: _____

6. SIGNATURE AND ACKNOWLEDGEMENT

Signature and Acknowledgement (This does not constitute a direct rollover.)

- I hereby agree to the terms and conditions set forth in this account asset transfer authorization and acknowledge having established a self-directed IRA through execution of the account application.
- I understand the rules and conditions applicable to an account transfer.
- I qualify for the account transfer of assets listed in the asset liquidation above and authorize such transactions.
- I understand that no one at New Direction IRA has authority to agree to anything different than my foregoing understandings of New Direction IRA policy.
- I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70½, the required minimum amount determined under this IRA is still required to be distributed.
- I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer.
- If this transfer leaves the transfer or IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

Your Signature: _____

Date: _____

7. ACCEPTANCE OF RECEIVING CUSTODIAN (office use only)

Pursuant to a limited written delegation, Mainstar Trust, as Custodian ("Custodian"), has authorized New Direction IRA, Inc. to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer described above and agreement to apply the proceeds upon their receipt, to the account established by New Direction IRA, Inc., on your behalf. Mainstar Trust ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR FUNDS.

New Direction IRA, Inc. on behalf of Custodian, Mainstar Trust

By: _____ Date: _____ Account #: _____

Rollover Certification Form

(For Rollovers to Non-ROTH Accounts)

New Direction IRA CANNOT initiate the rollover. You must contact your current custodian to roll over your assets.

1. YOUR INFORMATION

Your Name:		New Direction Account Number:	
Social Security Number:	Date of Birth:	Email Address:	Phone Number:

2. WHERE ARE YOUR ASSETS COMING FROM? (Where are these assets currently? OR Where were the funds held prior to receiving a rollover check/wire?)

Name of Custodian/Trustee:	Account Number:
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Cash - My funds are coming via:

Check - Make checks payable to **New Direction IRA, Inc. FBO (My Name) (Account Type)**. (New Direction IRA requires 5 business days for checks to clear.)

Wire - Wire funds to **New Direction IRA, Inc. FBO (My Name) (Account Type)**. (Please request incoming wire instructions from our office.)

Rollover Dollar Amount: \$ _____

(You must enter either an exact amount or close estimate, if not included funds will be held up and not deposited.)

In-Kind Rollover - Rollover asset(s) in-kind to **New Direction IRA, Inc. FBO (My Name) (Account Type)**.

I am rolling over the following asset(s) in-kind: (Please attach list of assets and state value of rollover here.) _____

3. ACCOUNT TYPES

I am rolling over funds from:	<input type="checkbox"/> Employer Plan: (i.e. 401(k))	
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA	Plan Name: _____	<input type="checkbox"/> CSA <input type="checkbox"/> HSA
I am rolling over funds to:	<input type="checkbox"/> Employer Plan: (i.e. 401(k))	
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA	Plan Name: _____	<input type="checkbox"/> CSA <input type="checkbox"/> HSA

4. SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this rollover form and acknowledge having established a self-directed account through execution of the account application. I understand the rules and conditions applicable to a rollover/direct rollover. I qualify for the rollover or direct rollover of assets listed in the asset description above and authorize such transactions. If this is a rollover or direct rollover, I have been advised to see a tax advisor due to the important tax consequences of this rollover election. If this is a rollover or direct rollover, I assume full responsibility for this rollover or direct rollover transaction and will not hold the Administrator (New Direction IRA, Inc.) and/or Custodian (Mainstar Trust) or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at New Direction IRA, Inc. has authority to agree to anything different than my foregoing understandings of New Direction IRA, Inc.'s policy. If this is a rollover or direct rollover, I irrevocably designate this contribution of assets as a rollover contribution. By signing this form, I certify that I am A. completing this rollover within 60 calendar days following the day I received the assets; B. I have not performed a rollover from an IRA within the last 12 months; C. the rollover DOES NOT contain my required minimum distribution; D. If I am a non-spouse beneficiary, this is a direct rollover from an employer plan and the rollover contribution DOES NOT contain my required minimum distribution; E. the rollover does not contain amounts that are part of a series of substantially equal periodic payments or any corrective distribution of certain SEP or SIMPLE plan excess contributions; F. a plan loan in default, P.S.58 costs of life insurance or any hardship distribution.

Your Signature: _____ Date: _____

Please read the disclosure above the signature line before signing and dating.

FOR INTERNAL OFFICE USE ONLY:

For Cash Rollovers: Amount Received: \$ _____	Date Received: _____
For In-Kind Rollovers: Date Initiated: _____	

ROTH IRA Rollover Certification Form

New Direction IRA CANNOT initiate the rollover. You must contact your current custodian to roll over your assets.

1. YOUR INFORMATION

Your Name:		New Direction Account Number:	
Social Security Number:	Date of Birth:	Email Address:	Phone Number:

2. WHERE ARE YOUR ASSETS COMING FROM? (Where are these assets currently? OR Where were the funds held prior to receiving a rollover check/wire?)

Name of Custodian/Trustee:		Account Number:	
Office Address:	City:	State:	Zip:
Contact Name:	Phone Number:	Fax Number:	

3. ACCOUNT TYPES

I am rolling over funds from:

Traditional IRA
 ROTH IRA
 SEP IRA
 SIMPLE IRA
 Employer Plan: (i.e. 401(k))
 Plan Name: _____

I am rolling over funds to my New Direction IRA ROTH IRA for the following reason: (Please check one)

Rollover from ROTH IRA to ROTH IRA. (This will be reported as a rollover deposit.)
 Rollover from Traditional IRA to ROTH IRA. (This will be reported as a ROTH conversion deposit.)
 Rollover from an Eligible Employer Plan to a ROTH IRA. (This will be reported as a rollover deposit.)
 I am the Plan Participant.
 I am the sole spouse beneficiary of the deceased participant.

4. TYPE OF ASSET TO BE ROLLED OVER

Cash - My funds are coming via:
 Check - Make checks payable to **New Direction IRA, Inc. FBO (My Name) ROTH IRA**. (New Direction IRA requires 5 business days for checks to clear.)
 Wire - Wire funds to **New Direction IRA, Inc. FBO (My Name) ROTH IRA**. (Please request incoming wire instructions from our office.)

Rollover Dollar Amount: \$ _____ (You must enter an exact amount or close estimate)

In-Kind Rollover - Rollover asset(s) in-kind to **New Direction IRA, Inc. FBO (My Name) ROTH IRA**.
 I am rolling over the following asset(s) in-kind: (Please attach list of assets and state value of rollover here.) _____

5. SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this rollover form and acknowledge having established a self-directed ROTH IRA through execution of the account application. I understand the rules and conditions applicable to a rollover/direct rollover. I qualify for the rollover or direct rollover of assets listed in the asset description above and authorize such transactions. If this is a rollover or direct rollover, I have been advised to see a tax advisor due to the important tax consequences of converting/rolling over funds from a pre-tax plan to an after-tax plan. If this is a rollover or direct rollover, I assume full responsibility for this rollover or direct rollover transaction and will not hold the Administrator (New Direction IRA, Inc.) and/or Custodian (Mainstar Trust) or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at New Direction IRA, Inc. has authority to agree to anything different than my foregoing understandings of New Direction IRA, Inc.'s policy. If this is a rollover or direct rollover, I irrevocably designate this contribution of assets as a rollover contribution. By signing this form, I certify that I am completing this rollover within: A. 60 calendar days following the day I received the assets; B. I have not performed a rollover from an IRA within the last 12 months; C. the rollover DOES NOT contain my required minimum distribution; D. I am eligible to make this conversion contribution; E. the rollover does not contain amounts that are part of a series of substantially equal periodic payments or any corrective distribution, certain SEP or SIMPLE plan excess contributions; F. does not contain a plan loan in default, P.S.58 costs of life insurance or any hardship distributions.

Your Signature: _____ Date: _____
 Please read the disclosure above the signature line before signing and dating.

FOR INTERNAL OFFICE USE ONLY: For Cash Rollovers: Amount Received: \$ _____ Date Received: _____ For In-Kind Rollovers: Date Initiated: _____

Deposit Coupon

1. YOUR INFORMATION

Client Name:	New Direction Account Number:
Deposit Amount: (5 business days are required for checks to clear.) \$	

2. REASON FOR DEPOSIT

<input type="checkbox"/> Contribution	Tax Year: (If a tax year is not indicated, funds will be treated as a current year contribution) Year: _____		
	Personal \$ _____	Employee \$ _____	Employer \$ _____
Make check payable to: <u>New Direction IRA, Inc. FBO (Client Name) IRA</u>			
<input type="checkbox"/> Rent Check	Physical Address: (If left blank, there will be a delay in deposit.)	City:	State: Zip:
Make check payable to: <u>New Direction IRA, Inc. FBO (Client Name) IRA</u>			
<input type="checkbox"/> Note Payment	Loan Name/Number: (If left blank, there will be a delay in deposit.)	Principal Amount: \$	Interest Amount: \$
Make check payable to: <u>New Direction IRA, Inc. FBO (Client Name) IRA</u>			
<input type="checkbox"/> Dividend	Investment Name: (If left blank, there will be a delay in deposit.)		
Make check payable to: <u>New Direction IRA, Inc. FBO (Client Name) IRA</u>			
<input type="checkbox"/> Interest Payment	Investment Name: (If left blank, there will be a delay in deposit.)		
Make check payable to: <u>New Direction IRA, Inc. FBO (Client Name) IRA</u>			
<input type="checkbox"/> New Direction Fees Payment			
Make check payable to: <u>New Direction IRA, Inc. (All Fee Payments must be paid with separate check.)</u>			
Reason for Deposit Details:			

Precious Metals Buy Direction Letter

NOTE: All investment paperwork must be titled correctly: **New Direction IRA, Inc. FBO (Account Owner's Name) IRA**. If you have a 401(k) or beneficiary account, please call our office for correct vesting (titling).

1. ACCOUNT INFORMATION

Your Name:	New Direction Account Number:
Account Type: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Individual 401(k) <input type="checkbox"/> HSA	
Phone Number:	Email Address:

2. TELL US ABOUT YOUR DEALER AND DEPOSITORY

Precious Metals Dealer Name:	Dealer Phone Number:	Representative Name:
New Direction IRA will advise the dealer above of your intent to make this purchase as well as the availability of funds to complete the purchase based on your selections from Box 3 below. The above dealer will also be listed as your dealer of record until you tell us otherwise or a new BDL is submitted listing a new dealer of record.		
Precious Metals Depository Name:	Depository Phone Number:	
There are numerous depositories that specialize in storage and safekeeping of precious metals. I understand that the Custodian and the Administrator are not and cannot be held responsible for the actions of these depositories, and I hereby release and hold harmless Custodian from any damages that I may incur with respect to my choice of depository and any activities or lack of activities on the part of said depository.		

3. WHAT IS THE DOLLAR AMOUNT OF YOUR PRECIOUS METALS INVESTMENT?

I authorize New Direction IRA to Allocate \$ _____ OR **ALL** of the available cash in my account for the purchase of metals from the dealer listed in item 2. I understand and authorize that invoices received up to this amount from this dealer will be funded **WITHOUT VERIFICATION BY ME**. This allocation and authorization will remain valid for 90 days or until cancelled in writing by me. I understand that cancellation of this direction letter will take a minimum of 24 hours.

We will email you a copy of all funding documents the day we process your investment. If you would also like a New Direction IRA representative to give you a courtesy call and inform you when your investment will be funded, initial here _____ and provide a phone number at which you can be reached: _____.

Please note that this is a courtesy call and will not hold up the funding process.

4. ACKNOWLEDGEMENT OF INVESTMENT DISCLOSURES

<input type="checkbox"/>	I acknowledge that I have read and fully understand the Precious Metals Investment Disclosures, including price spread of proof coins. (Attached)
Initial Here	

5. HOW WOULD YOU LIKE TO PAY FOR THE TRANSACTION? (All fees are due at time of transaction.)

Choose One: <input type="checkbox"/> Your Account <input type="checkbox"/> PayPal <input type="checkbox"/> Credit Card	Credit Card Type: (the following are accepted) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card Number: _____ 3 Digit Security Code: _____ Exp Date: _____ Exact Name on Card: _____ Signature: _____
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Precious Metals Buy Direction Letter

6. AUTHORIZATION

I confirm that I am directing New Direction IRA, Inc., the Administrator, to complete this transaction as specified above. I understand that my account is self-directed, and I take complete responsibility for any investment I choose for my account, including the investment specified in this Buy Direction Letter. I understand that neither the Administrator nor the Custodian (Mainstar Trust) sells or endorses any investment products, and that they are not affiliated in any way with any investment provider. I understand that the roles of the Administrator and the Custodian are limited, and their responsibilities do not include investment selection for my account. I acknowledge that neither the Administrator nor the Custodian has provided or assumed responsibility for any tax, legal or investment advice with respect to this investment, and I agree that they will not be liable for any loss which results from my decision to purchase this investment. I understand that neither the Administrator nor the Custodian has reviewed or will review the merits, legitimacy, appropriateness or suitability of this investment, and I certify that I have done my own due diligence investigation prior to instructing the Administrator to execute this transaction for my account. I understand that neither the Administrator nor the Custodian determines whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that in processing this transaction the Administrator and the Custodian are only acting as my agent, and nothing will be construed as conferring fiduciary status on either the Administrator or the Custodian. I agree that the Administrator and the Custodian will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the Administrator and the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken in connection with this investment transaction or resulting from serving as the Administrator or the Custodian for this investment, including, without limitation, claims, damages, liability, actions and losses asserted by me. I understand that if this Buy Direction Letter and any accompanying documentation are not received as required, or, if received, are unclear in the opinion of the Administrator, or if there are insufficient undirected funds in my account to fully comply with my instructions execute the transaction and to pay all fees, the Administrator may not process this transaction until proper documentation and/or clarification is received, and the Administrator will have no liability for loss of income or appreciation. I understand that my account is subject to the provisions of Internal Revenue Code (IRC) §4975, which defines certain prohibited transactions. I acknowledge that neither the Administrator nor the Custodian has made or will make any determination as to whether this investment is prohibited under §4975 or under any other federal, state or local law. I certify that making this investment will not constitute a prohibited transaction and that it complies with all applicable federal, state, and local laws, regulations and requirements. I understand that with some types of accounts there are rules for Required Minimum Distributions (RMDs) from the account. If I am now subject to the RMD rules in my account, or if I will become subject to those rules during the term of this investment, I represent that I have verified either that the investment will provide income or distributions sufficient to cover each RMD, or that there are other assets in my account or in other accounts that are sufficiently liquid (including cash) from which I will be able to withdraw my RMDs. I understand that failure to take RMDs may result in a tax penalty of 50% of the amount I should have withdrawn. Not Responsible for Market Condition Variances: I understand that I have agreed and instructed the Administrator and/or Custodian to follow the transaction directions which I provide, as confirmed by written Buy Direction Letters to Administrator and/or Custodian from the undersigned for the Account.

I further understand that some transactions that I may direct or instruct the Administrator and/or Custodian to complete, especially commodities such as precious metals, that may be dependent upon the operation of global markets and entities, there could be fluctuations in price and condition of said investments from the time that I issue a Buy or Sell Direction Letter to Administrator and the time when the transaction can actually be completed and recorded in my Account. I hereby agree to release, indemnify, defend and hold Administrator and/or Custodian harmless from any claims regarding the fluctuation in prices and/or conditions if any. I further agree to waive any claims that I may have, past, present or future, known or unknown, anticipated or unanticipated, with respect to the fluctuation or change in the price or condition of any investment that I direct or instruct Administrator and/or Custodian to make from the time I deliver my Buy/Sell Direction Letter to Administrator and/or Custodian until the time the transaction is actually completed and recorded to my Account. Transactions with insufficient funds will not be processed until sufficient funds are received. If fees are being deducted from my account, the full amount of the transaction plus fees must be available before your transaction can be processed. I understand that all communication regarding this transaction must be in writing and must be signed by me or by my authorized agent on my behalf, and that no oral modification of my instructions will be valid and that no person at the office of the Administrator and/or Custodian has the authority to modify any of the foregoing provisions. I certify that I have examined this Buy/Sell Direction Letter and any accompanying documents or information, and to the best of my knowledge and belief, it is all true, correct and complete.

Transactions with insufficient funds will not be processed until sufficient funds are received. If fees are being deducted from your account, the full amount of the transaction plus fees must be available before your transaction can be processed. All transactions will be sent via wire.

Signature: _____ Date: _____
Please read the disclosure above the signature line before signing and dating.

FOR INTERNAL OFFICE USE ONLY:

Return To: _____	<input type="checkbox"/> Sig Check	Fee Option and Invoice Cycle: _____
Balance: _____	<input type="checkbox"/> RTN	Trans Fee: \$ _____
Cusip: _____	<input type="checkbox"/> TNet	Annual Admin Fee: \$ _____
Trans Code: _____	<input type="checkbox"/> Scan for Funding	Wire Fee: \$ _____
Fund Date: _____		Depository Fee: \$ _____
Amt Funded \$ _____		Total Fees: \$ _____

Use the Precious Metals Buy Direction Letter (PMBDL) to provide investment directions to New Direction IRA, Inc. (NDIRA) for the purchase of precious metals by your self-directed account. By directing investment in precious metals, you acknowledge and agree to NDIRA's terms and conditions for precious metals investments.

REQUIREMENTS

Purchases of precious metals can only be made from cash available in your NDIRA account. New account applications and forms are available at www.NewDirectionIRA.com. Cash recently transferred in may not be immediately available for precious metals purchases.

DEALER AND INVESTMENT DIRECTIONS

You determine the precious metals dealer to be used for your precious metals purchase. NDIRA does not sell investments or offer any investment products. Clients are responsible for all necessary due diligence regarding the metals purchase. You are responsible for all the details of the investment, including negotiation of the particular precious metals to be purchased or sold, the price, and providing written directions to NDIRA via the PMBDL.

FAIR MARKET VALUES AND PRICING

Statements generated by NDIRA reflect estimated bid values for each asset and should not be relied upon as the price you will find to buy or sell through a dealer. These estimated values do not include dealer mark-ups, discounts, or commissions. This price is used for reports of fair market value to the IRS. Contact a dealer for specific, current price quotes for precious metals.

PRICE SPREADS AND PROOF AMERICAN EAGLE COINS

Generally, the value of precious metals at the bid price will be less than the amount paid if precious metals prices have not changed. The difference between the price at which precious metals can be bought and the price at which they can be sold at a particular time is called "price spread." Price spread has generally been greater for proof coins than the price spread for bullion precious metals. Obtain all necessary information from your dealer before investing.

FUNDING NOTICE TO DEALERS

NDIRA's policy is to notify the dealer of your investment intention unless otherwise instructed. As described on the PMBDL, NDIRA will allocate the funds to the pending purchase; funds thus allocated will not be available for any other transaction unless the PMBDL is cancelled. If you elect to allocate "All" funds to the investment, ONLY funds in the account upon receipt of the PMBDL will be allocated. Funds allocated under this PMBDL may be invested incrementally; however, each transaction will incur separate transaction fees. NDIRA is not liable for pricing changes due to fluctuations in market values for precious metals.

STORAGE AND DELIVERY OF PRECIOUS METALS

All precious metals are stored at a specialized depository selected by you with your dealer's approval. A full year is collected and paid to the depository at the time of the transaction. Dealers deliver directly to the depository which issues formal advice of its receipt. NDIRA relies on the accuracy of delivery details provided by the depository to update the individual account holdings. NDIRA makes a reasonable effort to update metals delivery status; **however it is the customer's responsibility to monitor account assets, including follow up with the dealer with specific transaction details and/or delivery inquiries.**

DISTRIBUTION OR SALE OF PRECIOUS METALS

If you request NDIRA to deliver metals from the depository to you as a distribution, to a dealer for sale, or other third party the cost of shipment, insurance, and processing by the depository, if any, is your responsibility. Costs may be paid by you or deducted from cash available in the plan. You may request distribution of precious metals from your plan any time. The value of any metals distributed as a distribution to you will be reported to the IRS and you. Depending on the plan type, taxes and/or penalties may apply. Please contact NDIRA for a Distribution Form or go online at www.NewDirectionIRA.com.

STATEMENTS

Access to your account information is available 24/7 via NDIRA's web site at www.mydirection.com. Please call our Precious Metals Asset Team (PMAT) at (877) 742-1270 ext. 185 to establish a password.