



SIGNATURE REQUEST

P.O. Box 3587, Albuquerque, NM 87190 • Toll Free: 1-800-529-3951 • Local: 505-514-0539 • Fax: 505-792-6096 • help@IRASTC.com

This form is used to direct Specialized Trust Company to sign documents on behalf of your account.

Instructions:

- Please list each document that requires signing individually in the space provided below.
- There is a \$5.00 Special Document Handling Fee for each document requiring signature.
- All documents must be related to an asset currently held in your account.
- Specialized Trust Company is only able to sign documents that are correctly titled to your account. Please contact a client services representative if you have any questions regarding the correct titling before submitting any documents for signature.

PART 1: ACCOUNT HOLDER INFORMATION

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are we authorized to speak with your investment sponsor if corrections or additional items are needed? Yes No

PART 2: ASSET INFORMATION

We can only sign documents that are related to an asset currently held in your account. Please provide the asset reference number in the area provided below.

Asset Reference Number: _____ Asset Name: _____

PART 3: PROCESSING OPTIONS

- Standard Express Processing (\$225 Fee) Next Day Processing (\$125 Fee) Platinum Specialized Black

* Please note that all required items must be received by STC no later than 11:30 AM Mountain Time to be eligible for same day processing. Any investment requests that are received after this cutoff time will be processed the next business day.

PART 4: DOCUMENTS REQUIRING SIGNATURE

Please list each document that you need signed by Specialized Trust Company:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PART 5: WHO ARE WE SENDING THESE DOCUMENTS TO?

Are original documents required? Yes No

Name: _____ Title: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Standard Mail (No Addtl Charge) Overnight Mail (**Fees Apply)

Fax Number: _____ Attention to: _____ Email: _____

PART 6: HOW WOULD YOU LIKE TO PAY YOUR FEES?

Please select how you would like to pay fee(s) associated with this processing request? Deduct From My Account Charge My Credit Card

I have read and understand the Self-Directed Account Agreement regarding the credit card charge(s) and I authorize Specialized Trust Company (STC) to charge my credit card for all associated fees pertaining to this signing request.

Card Type: Master Card Visa Discover American Express

Name on Card _____ Card Number _____

Billing Address For Card _____ Expiration Date _____

City/State/Zip _____ Card Security Code (CSC) _____

PART 7: ACCOUNT HOLDER SIGNATURE

My account is self-directed and I alone am responsible for the selection, due diligence, management, review and retention of all investments in my account. I agree that Specialized Trust Company is not a "fiduciary" for my account, as the term is defined by in the Internal Revenue Code, ERISA or any other applicable federal, state or local laws. I hereby direct Specialized Trust Company in a passive capacity, to enact this transaction for my account, in accordance with my agreement. I agree to indemnify, hold harmless Specialized IRA Services Administrator and Specialized Trust Company Custodian and its respective officers, directors, managers, members, employees, agents, owners, representatives, affiliates, successors and assigns from any and all legal or financial losses, claims and costs, injury and expenses (including attorneys' fees) which may arise and occur related to this request to execute said documents on behalf of my self-directed account(s). I have read and received all pertinent information relating to this request.

Account Holder Signature: _____ Date: _____