

IMPORTANT INFORMATION

THIS FORM MUST BE COMPLETED WHEN INITIATING AN INVESTMENT USING FUNDS FROM YOUR RETIREMENT ACCOUNT.

- Complete all sections of this form in their entirety. Incomplete forms may result in delays in processing your investment.
- Confirm that the issuer, investment sponsor, and/or title company has submitted all required supporting documentation to Specialized Trust Company.
- As the account/plan owner, you are solely responsible for ensuring that all necessary investment documents are recorded with the appropriate county. Specialized Trust Company is not responsible for and will not record any investment documentation on your behalf.
- Ensure correct vesting of any investment held within your account/plan. The title should read as follows:
Specialized Trust Company Custodian FBO [Your Name] / [401(k) Plan Name], [Account Type]
- If investing in an entity, an Accredited Investor Questionnaire may be required by the investment sponsor. You are responsible for completing, signing, and dating this document to confirm your accreditation status.
- Any document requiring the signature of an authorized representative of Specialized Trust Company must be listed in PART 5 of this form.
- Please refer to the current fee schedule for applicable charges.

PART 1: ACCOUNT HOLDER INFORMATION

NAME		ACCOUNT NUMBER
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: INVESTMENT INFORMATION

INVESTMENT SPONSOR (IF APPLICABLE)
NAME OF INVESTMENT

PART 3: PROCESSING OPTIONS

Express processing is available until 11:30 AM Mountain Time. Any requests received after this cutoff time will be processed the next business day. Standard processing can take up to five business days to complete.

- | | | |
|---|---|---|
| ☐ Standard Processing | ☐ Platinum Processing | ☐ Specialized Black Processing |
| ☐ Express Processing: \$225.00 Fee | ☐ Next Day Service: \$125.00 Fee | |

PART 4: INVESTMENT TYPE

All documents must be titled to Specialized Trust Company Custodian FBO Your Name & Account. Example: Specialized Trust Company Custodian FBO John Smith IRA

The following list includes examples of commonly required supporting documentation for purchasing certain types of investments. Please note that this is intended as a general guideline as each investment is unique, and the documentation required may vary. You should submit all pages of the supporting documents related to your investment, including any exhibits.

Specialized Trust Company may process investment requests even if some or all of the documents listed are not provided, and unsigned documents may still be accepted. This list is not a requirement or precondition for processing an investment. All investments are subject to Specialized Trust Company's sole discretion and will be processed if deemed administratively feasible, provided a signed Direction to Invest form is submitted.

INVESTMENT TYPE	SUPPORTING DOCUMENTS
☐ Real Estate	Copies of all documents associated with the purchase of the real estate such as: Purchase Agreement, Settlement Statement/ HUD, and/or Escrow Instructions.
☐ Unsecured Promissory Note	Copy of the Promissory Note.
☐ Secured Promissory Note	Copy of the Promissory Note and a copy of the Mortgage/Deed of Trust, Security Agreement, and UCC Filing.
☐ Existing Unsecured Promissory Note	Copy of the existing Promissory Note and Assignment of Promissory Note
☐ Existing Secured Promissory Note	Copy of the existing Promissory Note, Mortgage/Deed of Trust and Assignment of Mortgage/Deed of Trust
☐ Limited Liability Company	Copy of Tax ID, Articles of Organization or Formation, Operating Agreement, and Subscription Agreement
☐ Limited Partnerships	Copy of the Tax ID, Certificate of Limited Partnership, Limited Partnership Agreement
☐ C-Corporation	Copy of the Tax ID, Articles of Incorporation, By-Laws, and Stock Purchase Agreement
☐ Private Placement Memoranda (PPM)	Copy of the complete Private Placement Memorandum (include copies of all the entity documents & subscription agreement)
☐ Joint Venture	Copy of the Joint Venture Agreement
☐ Other	

PART 5: DOCUMENTS REQUIRING SIGNATURE

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

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

PART 6: DOCUMENT RECIPIENT INFORMATION

Are original documents required? ☐ Yes ☐ No		NAME	
COMPANY		TITLE	
ADDRESS			
CITY	STATE	ZIP	
ATTENTION TO	EMAIL	FAX NUMBER	

PART 7: FUNDING INFORMATION

Please verify that you have sufficient settled funds in your account to make this investment. Insufficient funds will delay your investment. There is a 5 business day hold on funds that are received by check.

AMOUNT OF FUNDING REQUESTED

\$

☐ **Send these funds by check** PLEASE SELECT A CHECK TYPE AND MAILING METHOD BELOW

CHECK INSTRUCTIONS			
MAKE CHECK PAYABLE TO		MAILING ADDRESS	
CITY	STATE	ZIP	
Send this check by: ☐ Regular Mail ☐ Overnight Mail *FEES APPLY ☐ Cashiers Check *FEES APPLY			

☐ **Send these funds by wire** DOMESTIC ONLY - PLEASE ATTACH A WIRE INSTRUCTION SHEET IF AVAILABLE

WIRE INSTRUCTIONS			
RECEIVING BANK NAME		ABA# (BANK ROUTING NUMBER)	
BENEFICIARY NAME ON ACCOUNT	BENEFICIARY ACCOUNT NUMBER	CONTACT PHONE NUMBER	
BENEFICIARY ADDRESS			
CITY *REQUIRED	STATE	ZIP	COUNTRY *REQUIRED

IMPORTANT: The address listed under "Beneficiary Address" must be the beneficiary's personal or business address, not the receiving bank's address.

INTERMEDIARY BANK		
Does your wire require an intermediary bank? ☐ Yes ☐ No		
IF YES, PLEASE FILL OUT THE FOLLOWING FIELDS.		
INTERMEDIARY BANK NAME	INTERMEDIARY BANK ABA	INTERMEDIARY BANK ACCOUNT NUMBER

PART 8: PAYMENT INFORMATION

Please select how you would like to pay all associated fees pertaining to this direction to invest request:

☐ Deduct from my account ☐ Charge my credit card

☐ I have read and understand the Self-Directed Account Agreement regarding the credit card charge and I authorize the credit card payment by Specialized Trust Company (STC) for fees to establish the IRA account, not limited to but including Activation Fee, Annual Fee, Service Fees, and Account Termination Fee.

Card Type: ☐ Master Card ☐ Visa ☐ Discover ☐ American Express

NAME ON CARD	CARD NUMBER	EXPIRATION DATE	CSC
BILLING ADDRESS	CITY	STATE	ZIP

PART 9: SIGNATURES

IMPORTANT
PLEASE READ BEFORE SIGNING.

My IRA account is self-directed and I alone am solely 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 STC, in a passive capacity, to enact this transaction for my account, in accordance with my agreement and hereby release, indemnify, and agree to hold harmless and defend Specialized Trust Company in the event that this transaction violates any federal or state law or regulation that may results in a litigation, or otherwise results in disqualification, penalty, fine(s) or tax ramifications to me, my account, or Specialized Trust Company. I have read and received all pertinent information relating to the investment named herein.

PRINTED NAME OF ACCOUNT OWNER	DATE
SIGNATURE OF ACCOUNT OWNER X	DATE