

☎ (888) 205 - 6036 📠 (505) 212 - 0494 ✉ operations@horizontrust.com
 📍 Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

For Internal Use Only: Agent Pays Fees
 Tracking Code: _____ Referral Code: _____

PART 1. CUSTODIAL ACCOUNT ADOPTION AGREEMENT INFORMATION

Individual Guardianship¹

Custodial *(for Minors; Complete the following information)*

Decedent's Full Name ¹ :		Decedent's SSN: (###-##-####)
<input type="text"/>		<input type="text"/>
Under Laws of (State) ³ :	Age of Termination ² :	Estate Tax ID#:
<input type="text"/>	<input type="text"/>	<input type="text"/>

¹Additional documents may be requested to open these accounts. ²Required for accounts established pursuant to the Uniform Transfers to Minors Act or by the Uniform Gifts to Minors Act. The age of custodianship termination varies by state, although many states set the maximum age for termination at 21. If you do not indicate governing state law here, the account will be set up using the custodian's state of residence and that state's default age of custodianship termination (21).

PART 2. ACCOUNT OWNER INFORMATION

Account Owner/Custodian for Minor

Title:	First Name:	M.I.:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address: <i>(If different than above)</i>	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number: (###-##-####)	Date of Birth: (MM/DD/YYYY)	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone:	Type:	Alt Phone:	Type:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Account Owner a U.S. Citizen? Yes No

Additional Account Owner/Co-Trustee/Minor/Co-Executor

Title:	First Name:	M.I.:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address: <i>(If different than above)</i>	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number: <i>(###-##-####)</i>	Date of Birth: <i>(MM/DD/YYYY)</i>	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone:	Type:	Alt Phone:	Type:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2. ACCOUNT ADVISOR INFORMATION

Please complete the information below if you wish to designate an Investment Advisor/Agent for your account.

I hereby designate and appoint the firm or individual identified below as my Investment Advisor/Agent ("Investment Advisor/Agent") for my account at Horizon Trust Company. My Investment Advisor/Agent may: 1) View my account online; 2) Receive account statements, online or hard copy; 3) Discuss my account with Horizon Trust Company; 4) To the extent there are sufficient funds in my account, direct the purchase in my account of: (i) Traditional assets; and (ii) Additional investments into alternative assets that are then currently held in my account; 5) Direct the full or partial sale, liquidation or collection of any assets held in my account; and 6) Direct the transfer of funds from my account at Horizon Trust Company to my Brokerage Account identified below.

My Investment Advisor/Agent may also coordinate and provide delivery instructions for investment transactions which I have authorized as required by Horizon Trust Company. In making this designation, I, and not Horizon Trust Company, shall be liable for the acts and omissions of the Investment Advisor/Agent. I agree to be bound by the actions of the Investment Advisor/Agent and Horizon Trust Company shall not have any responsibility for the consequences of any actions taken by the Investment Advisor/Agent authorized by me including those in these standing instructions.

Firm Name:
<input type="text"/>

Representative First Name:	M.I.:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Address:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone:	Fax:	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Brokerage Information *(If applicable)*

Brokerage Firm Name:	Account #:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 5. ACCOUNT OWNER AUTHORIZATION

Important: Please read before signing.

I acknowledge and agree that the Custodial Account I am opening with Horizon Trust Company as custodian ("Horizon Trust Company") will be governed by the provisions of the Custodial Agreement and Disclosure Statement included with this Non Qualified Account Application Exhibit A or otherwise made available to me.

I acknowledge and agree that it is my sole responsibility to direct the investment of the assets in my custodial account and that Horizon Trust Company 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 Horizon Trust Company in following directions from me or my Investment Advisor/agent. I acknowledge that Horizon Trust Company does not provide any investment management or advice and will not be responsible for the performance of any asset in my custodial account. I will obtain and read any applicable prospectus, private placement memorandum, offering circular or similar document prior to directing Horizon Trust Company to make any investment on behalf of my custodial account. I agree to defend and indemnify Horizon Trust Company and to hold Horizon Trust Company harmless from and against all Damages arising from taking any direction, orally or in writing, by original document, electronic copy or fax, from me or my Investment Advisor.

I understand the eligibility requirements for the type of investments I am making and state that I qualify to establish a custodial account and to make such investments. I acknowledge that I have received a copy of the Exhibit A Custody Account Agreement ("Agreement"), and I understand and agree to be bound by its terms, and conditions. I acknowledge that I have had the opportunity to review Horizon Trust Company Fee Schedule and I agree to the fees charged by the Custodian and the procedures in the Fee Authorization Form. I acknowledge that Horizon Trust Company does not provide, and I have not received from Horizon Trust Company any tax or legal advice. I hereby certify that all information provided by me is true and correct.

I understand that Horizon Trust Company may take direction on the Custodial Account from any one Account Owner if the Custodial Account is owned by multiple individuals as joint tenants or tenants in common. If the Custodial Account is owned by a trust, I understand that Horizon Trust Company will take direction from the number of trustees as indicated on this Adoption Agreement or by a single trustee if nothing is indicated.

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 number before we will accept and open your account.

Under penalties of perjury, I certify that (1) the Social Security/tax identification number shown on this Adoption Agreement 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.

**If there are multiple owners/trustees, the terms me and you in this Adoption Agreement shall apply jointly and severally to each owner/trustee.*

ALL SECTIONS MUST BE COMPLETED IN ORDER TO AVOID DELAYS IN PROCESSING.

ALL ACCOUNT OWNERS/TRUSTEES MUST SIGN BELOW.

Signature of Authorized Individual/Trustee <input type="text"/>	Print Name: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>
Signature of Authorized Individual/Trustee <input type="text"/>	Print Name: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>
Signature of Authorized Individual/Trustee <input type="text"/>	Print Name: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>

Horizon Trust Company has entered into a Custodial Agreement as custodian with the above account owner(s). Horizon Trust Company by its authorized representative agrees to act as custodian.

By: <input type="text"/>	Account #: <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>
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FEE SCHEDULE Non-Qualified Accounts

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

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FEE SCHEDULE

Service Fees

Activation Fee	\$500
Annual Fee	\$395
\$0 - \$50,000	
\$50,001 - \$100,000	
\$100,001 - \$200,000	
\$200,001 - \$1,000,000	
\$1,000,000 and up	

SERVICES & OPTIONAL FEES

Express Account Open (<i>Recommended</i>)	\$50	Stop Payment	\$30 each
Overnight Mail Fee	\$50	ACH Declined / NSF / Returned Check Fee	\$30
Plan Termination Fee	\$500	Late Fee	\$25 per 30 days

Fees are subject to change with 30 days written notice. The annual fee is billed in the anniversary month each year. Express Account Open is same day processing when establishing a new account. All Horizon Trust accounts require a credit card on file as a secondary payment option to establish an account. The credit card on file will not be charged unless indicated as the choice payment option or if the account does not have enough available cash for incurred fees

Signature of Account Owner:	Account Owner Name: (<i>Print or Type</i>)	Date: (<i>MM/DD/YYYY</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>



CLIENT RESPONSIBILITY FORM

Non-Qualified Account Disclosure & Acknowledgment

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Important: This form contains important disclosures about your duties and responsibilities with regard to opening a Self-Directed Non-Qualified Account with Horizon Trust Company. as your custodian. You are responsible for the investment of all assets within your account. These investments may involve a high-degree of risk. Horizon Trust Company will make no investigation or conduct due diligence reviews as to the viability or safety of the investments that you select. You should seek the advice of legal counsel and other professional advisors with respect to your investments. **Read this entire form carefully before you complete and sign it. By signing this form you consent to all terms and provisions shown on all pages.**

PART 1. ACCOUNT OWNER INFORMATION

Title: First Name: M.I.: Last Name: Suffix:

Address: Apt/Unit/Ste: City: State: Zip:

Social Security Number: (###-##-####) Phone: Email Address:

PART 2. DISCLOSURE & ACKNOWLEDGMENT

By this document I am naming Horizon Trust Company custodian for my account. In directing this action, I hereby make the following certifications in accordance with my Horizon Trust Company custodial account agreement:

1. I understand that my account is self-directed. This means that I am responsible for the selection, management, and retention of all investments held within my account. I understand that Horizon Trust Company is in no way responsible for providing investment advice or recommendations, and that Horizon Trust Company is not a "fiduciary" for my account as such term is defined in the Internal Revenue Code ("IRC"), Financial Institutions Division of the State of New Mexico, Blacks Legal Dictionary or any other applicable federal, state or local laws.
2. I understand that it is my sole responsibility to manage the investment held within my account, and that Horizon Trust Company has no responsibility to question any investment directions given by me or my Designated Representative, (if I have appointed one), regardless of the nature of the investment. I understand that Horizon Trust Company is in no way responsible for monitoring the performance of the investment held within my account. I understand that Horizon Trust Company will not conduct a due diligence review of any investment, nor will Horizon Trust Company make any investigations with regard to any investment, any issuer or sponsor of any investment, or any officer, director, or other person or entity involved or affiliated with my investments. I understand that Horizon Trust Company will not review the prudence, viability or merits of any of my investments.
3. I understand that, if my Designated Representative or any other financial representative suggested that I retain Horizon Trust Company's services as custodian for investments made through my account, such person is not in any way an agent, employee, representative, or affiliate of Horizon Trust Company. I acknowledge that Horizon Trust Company is not responsible for and is not bound by any representations, warranties, statements or agreements made by my Designated Representative or any financial representative beyond the terms and provisions contained in my Horizon Trust Company Custodial Account Agreement and other Horizon Trust Company forms and/or documents. I further understand that Horizon Trust Company has not made and will not make any recommendation or investigation with respect to my Designated Representative or any financial representative, nor does Horizon Trust Company compensate my Designated Representative or financial representative in any manner.

4. I understand that Horizon Trust Company does not make any determination as to whether an investment is acceptable under other applicable federal, state or local laws, including securities laws. I understand that I should have all investments reviewed by my attorney and/or tax advisor prior to directing Horizon Trust Company to process any transaction on behalf of my account.
5. I understand that I cannot make investments without having the liquid funds in my account. In addition, if any investment contains provisions for future contractual payments or assessments, including margin calls, I acknowledge that such payments or assessments shall be borne solely by my account to the extent such payment is authorized by me or my Designated Representative, and may reduce or exhaust the value of my account. I further agree to indemnify Horizon Trust Company for any and all payments or assessments which may result from holding the investment within my account, and I understand that Horizon Trust Company shall be under no obligation whatsoever to extend credit to my account or otherwise disburse payment beyond the cash balance of my account for any payment or assessment related to the investment.
6. I understand that if the investment contains any administrative requirements or duties beyond Horizon Trust Company's normal and customary services, then I agree to seek out suitable agents or counsel necessary to perform such duties and deliver written service agreements acceptable to Horizon Trust Company for execution on behalf of my account.
7. I understand that Horizon Trust Company has no responsibility or duty to notify me or to forward to me any notices, proxies, assessments or other documents received by Horizon Trust Company on behalf of my investments, unless I, or my Designated Representative, request each such document in writing.
8. I agree to furnish payment instructions to Horizon Trust Company regarding any invoice, assessment, fee or any other disbursement notification received by Horizon Trust Company on behalf of my investments, and I understand that Horizon Trust Company has no duty or responsibility to disburse any payment until such instructions are received from me, or my Designated Representative.
9. If I direct Horizon Trust Company to purchase a debt instrument as an investment, I agree to enter into an escrow servicing agreement with a third-party Agent on a form acceptable to Horizon Trust Company or to be my own agent in order to administer the terms of the note on behalf of my account. I understand that should I choose a third-party Agent it is still my responsibility to monitor the timeliness of payments and collection of payments. If I elect to renew or re-negotiate the terms of my instrument, I agree to notify the third-party agent and Horizon Trust Company as custodian of my account.
10. I understand that Horizon Trust Company has no duty or responsibility to monitor the performance of my Investments or actions of the sponsor, nor to monitor the sufficiency or adequacy of my actions or duties or those of my heirs, successors, agents or assigns, and Horizon Trust Company will not be required to monitor the acts of any paid consultant to whom Horizon Trust Company may have contractually delegated any duties or responsibilities pursuant to my directions or the directions of my Designated Representative.
11. I understand that Horizon Trust Company must have an annual market value or good faith estimate (via an independent appraisal) of the value for all investments in my account and that it is my responsibility to provide such market value or good faith estimate. I further understand and acknowledge that if Horizon Trust Company has not been provided with an annual market value or good faith estimate, Horizon Trust may distribute that Investment in-kind to me at either the original acquisition cost or the last known value.
12. I agree to be responsible for any and all collection actions, including contracting with a collection agency or instituting legal action, and bringing any other suits or actions which may become necessary to protect the rights of my account as a result of the operation or administration of my investments. I understand that any legal filings made on behalf of my investments are to be made in the name of "Horizon Trust Company Custodian FBO *Client Name Account Number*." I agree that I shall not institute legal action on behalf of my investments without Horizon Trust Company's written consent to litigate and that I shall prosecute any legal action at my own expense, including payment of attorney's fees and court costs. I agree that any such legal action will be carried out in a manner that does not cause Horizon Trust Company to incur any costs or legal exposure. I hereby agree to indemnify Horizon Trust Company for any loss, cost or expense, including attorney's fees that it may incur in any collection activity or legal proceeding.
13. I understand that should I choose to invest in precious metals it is my responsibility to perform adequate due diligence on the broker I choose to invest with. Precious metal accounts are subject to additional fees due to storage costs.
14. I understand that Horizon Trust Company reserves the right to liquidate any and/or all investments in my account in order to satisfy any outstanding fees owed to Horizon and that Horizon may also at their discretion distribute my account to me due to non-payment of fees. The account will be distributed at the FMV as reflected on my latest Horizon account statement and I may have a tax liability because of this distribution, however, I agree to hold Horizon Trust Company harmless of said liability.
15. I understand that all investments held within my account are not guaranteed by Horizon Trust Company and that my investments may lose value.

PART 3. ARBITRATION AGREEMENT

In the event a claim or dispute of any kind or nature arises between the Depositor and Custodian, including the scope of this arbitration clause, it shall be resolved by arbitration conducted in Albuquerque, New Mexico, as follows:

- a. either party may submit the matter to arbitration by serving a complaint on the other party that sets forth the nature of the claim. Service may be made by certified mail to the designee. The parties shall mutually select an arbitrator who shall be a retired judge or an attorney licensed to practice law in the state of New Mexico, and shall have not less than ten years of experience in servicing as arbitrator or judge in disputes or litigation concerning the subject matter of the dispute.
- b. the arbitrator shall conduct an evidentiary hearing and issue a final award within 180 days of his or her appointment. The arbitrator shall be bound to follow and apply the substantive law of the state of New Mexico, and the procedural and evidentiary rules of the state of New Mexico in effect at the time of any arbitration proceeding hereunder.
- c. the arbitrator shall award reasonable attorney's fees and costs of arbitration to the prevailing party.
- d. If the parties cannot agree upon the appointment of an arbitrator, either party may file a petition in the Second Judicial District Court to appoint an arbitrator.

PART 4. ACCOUNT OWNER AUTHORIZATION

I acknowledge that I have sole responsibility for directing the investments of my account. I understand that Horizon Trust Company may perform administrative review on any of my investments to determine if the investments are feasible for Horizon Trust Company to maintain appropriate records as to each investment. I acknowledge, however, that Horizon Trust Company will not perform a due diligence review, and will not undertake any investigation as to the prudence, viability, merits, or suitability of any investment in my account. I agree to hold Horizon Trust Company harmless from any liability for any loss, damage, injury, or expense which may occur as a result of the execution of my direction of investment.

By signing below I acknowledge that I have read and understand this Client Responsibility Form.

Signature of Account Owner: <input type="text"/>	Account Owner Name: <i>(Print or Type)</i> <input type="text"/>	Date: <i>(MM/DD/YYYY)</i> <input type="text"/>
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Complete this form to grant limited account access to an individual who is not an account owner.
Account owners already have account access authority.

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 2. ADDITIONAL AUTHORIZED INDIVIDUAL INFORMATION

I hereby authorize the below named individual to have the limited access authority indicated until such time as I should notify Horizon Trust Company to remove such account access.

Authorized Individual Information (Authorized Individual cannot be a minor.)

Full Name:	Email:	Phone:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Access Option Authorization

Please select all information access options that apply.

Full access to all account information including statements. Access to pending Transfer/Rollover information only.

Web Access for my account only. Access to account balance information only.

Access to information on the following specific asset(s) or company:

Pre-Existing Individual Authorization

Keep all previously listed Authorized Individuals. Remove all previously listed Authorized Individuals.

Remove only the following Authorized Individual:

PART 3. AGREEMENT & AUTHORIZATION

Authorized Individual Agreement

By signing below, you:

- Acknowledge that you have received a copy of this Limited Account Access form, and you state that you have read it, you understand it, and you accept all of its terms and conditions.
- Indemnify and hold harmless Horizon Trust Company and any and all agents or employees with respect to this Limited Account Access Authorization form.
- Agree to be bound by the current and future terms of all agreements, and by any applicable disclosures, between the account owner(s) and Horizon Trust Company.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that we may refuse to approve you as authorized agent, or may remove you as authorized agent from this or any other account, at any time and for any reason.
- Agree to act in compliance with all applicable laws and regulations.

Signature of Authorized Individual:

Authorized Individual Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

Account Owner Agreement

By signing below, you:

- Acknowledge that you have received a copy of this Limited Account Access form, and you state that you have read it, you understand it, and you accept all of its terms and conditions.
- Authorize Horizon Trust Company to act on all instructions given on this form.
- Designate the individual identified in this form as an Authorized Individual, granting that individual the ability to obtain account information at the level of access authority indicated.
- Certify that all information you provided is correct to the best of your knowledge.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

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PART 1. CUSTODIAL ACCOUNT TRANSFER AUTHORIZATION

Current Account Information

Current Custodian Name:			Account #:
First Name:	M.I.:	Last Name:	SSN / Tax ID #:
Address:	City:	State:	Zip:
Phone:	Fax:	Email Address:	

PART 2. TRANSFER OF CURRENT ACCOUNT

Note: A complete copy of a current account statement must be attached BEFORE any transfer can be completed.

Option A: Complete Transfer

Liquidate all assets and transfer cash balance Est. Cash Amount:

Transfer all assets in-kind and entire cash balance Est. Cash Amount:

Option B: Partial Transfer

Cash balance to be transferred Amount:

<input type="checkbox"/> Transfer the following Asset(s):			
Asset Description:	Quantity to Transfer:	Liquidate Immediately	Transfer In-Kind
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 3. DELIVERY INSTRUCTIONS

Via Regular Mail

Horizon Trust Deposits
PO BOX 27067
Newark NJ 07101

Via Overnight Mail

CMS Image Remit
Attention: PO Box 27067
205 North Center Drive
North Brunswick, NJ 08902

Via Wire

Receiver Bank: Bank of George
Las Vegas, NV 89148

Acct # 1010227882
Routing # 122402366



Checks should be titled:
Horizon Trust FBO Client Name & Account Number

Beneficiary Name: Horizon Trust Company
FFC: Client Name & Account Number

PART 4. AGE 72 REMINDER

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 72, 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 ("RMD") applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for RMDs for the calendar year of the transfer. If this transfer leaves the transferor 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 RMD 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.

PART 5. LIMITED POWER OF ATTORNEY

I, the undersigned, do hereby grant a limited power of attorney to Horizon Trust Company, LLC and its agents to request information regarding my account and the status of this transfer or rollover from the custodian listed above. The power of attorney shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the transfer or rollover of the assets and/or cash balance listed in the Funding Instructions section of this form.

PART 6. AUTHORIZATION & SIGNATURE

I am aware that I am responsible for the payment of Federal Income Tax on the taxable portion of this surrender and that I may be subject to tax penalties under Estimated Tax Payment rules if my payment of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply and I authorize the transaction described above.

I certify that the information contained on this form is true and correct. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian cannot provide legal advice. I indemnify and agree to hold the custodian harmless against any liabilities. I assume full responsibility for the consequences of this transfer or conversion decision. The custodian agrees to accept these funds as a transfer or conversion.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*



Please check with your current custodian to determine whether they will require a Notary Stamp or Medallion Signature Guarantee Stamp to transfer or rollover your account. A signature guarantee can be obtained from your bank. If your current custodian does not require a notary or signature guarantee, please sign above and return this form to Horizon Trust Company, LLC.

Notary or Medallion Signature Guarantee Stamp

ACKNOWLEDGMENT OF ACCEPTANCE

The authorized signature certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send funds with a copy of this form to Horizon Trust Company. Our organization agrees to serve as the new Custodian for the IRA account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

Signature of Custodian:

Date: *(MM/DD/YYYY)*