

### TRANSFER AUTHORIZATION **ASSETS AND CASH**

Contact Center: (800) 248-8447 | www.ForgeTrust.com

This form authorizes a direct transfer of assets and cash from your current custodian to Forge Trust Co. for deposit into your Forge Trust Co. account. Do not use this form if you are intending to roll over a qualified retirement plan (e.g., 401(k), 457 and 403(b) plans). Please contact your Plan Administrator to initiate a ROLLOVER of these types of plans.

Priority Processing Requested: Priority processing includes sending the request to the contra custodian within one business day, if in good order. There is a fee of \$250 for this service. Standard processing time is up to 3 business days, if in good order.

| Required fields are   | identified with an *  |                   |                                     |                        |                             |                       |                     |        |           |
|---|-----------------------|-------------------|-------------------------------------|------------------------|-----------------------------|-----------------------|---------------------|--------|-----------|
| 1. FORGE  | TRUST CO.             | ACCOU             | NT INFORM                           | ATION                  |                             |                       |                     |        |           |
| First Name*   |                       | M                 | Middle Name                         |                        | Last Name*                  |                       |                     | Suffix |           |
| Account Number  |                       | So                | Social Security Number* XXX-XX-XXXX |                        | Date of Birth* (MM/DD/YYYY) |                       |                     |        |           |
| Phone* XXX-XXX-XXXX   |                       |                   | Email* (Your personal email only)   |                        |                             |                       |                     |        |           |
| Check this bo   | ox if this account is | an Inherited IF   | RA Dece                             | edent's Name (if inl   | nerited):                   | :                     |                     |        |           |
| Account Type*:  | Traditional IRA       | Roth IRA          | SEP IRA                             | SIMPLE IRA             |                             | Coverdell Education   | on Savings Account  | So     | lo 401(k) |
| 2. DELIVE   | RING ACCC             | IINT INE          | ORMATION                            |                        |                             |                       |                     |        |           |
|   |                       |                   | Trust Co. account                   | name.                  |                             |                       |                     |        |           |
| First Name  |                       | M                 | iddle Name                          |                        | Last N                      | Name                  |                     |        | Suffix    |
| Account Number* (one per form)  Custodian Name*   |                       |                   |                                     | '                      |                             |                       |                     |        |           |
| Custodian Address*  |                       |                   |                                     |                        |                             |                       |                     |        |           |
| City*   |                       |                   |                                     |                        |                             | State/Province*       | Zip/Postal Code*    |        |           |
| Contact Name or Attention To (optional)  Contact Phone XXX-XXXX  Contact Phone XXX-XXXX |                       |                   |                                     | Contact Fax (optional) |                             |                       |                     |        |           |
| Check this bo   | ox if this account is | an Inherited IF   | RA                                  |                        |                             |                       |                     |        |           |
| Account Type*:  | Traditional IRA       | Roth IRA          | SEP IRA                             | SIMPLE IRA             |                             | Coverdell Education   | on Savings Account  | So     | lo 401(k) |
| I will provide a  | copy of all pages of  | f my recent deliv | vering account staten               | nent. I understand     | my req                      | quest will not be pro | ocessed without it. |        |           |

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Check this box for the request to be delivered by overnight mail via Fed Ex Account #

If no account number is provided or billing is declined, it will be charged to your Forge Trust Co. IRA Account.

### 3. CASH/ASSETS TO TRANSFER

For Partial Cash Transfers: To transfer CASH you MUST provide your current custodian with appropriate LIQUIDATION INSTRUCTIONS prior to submitting this form to Forge Trust Co. unless your custodian will liquidate upon receipt of our request. Please select one option below.

Full Transfer (This will close my current custodian account): Transfer All Cash and Assets In-Kind to Forge Trust Co.

Partial Transfer (My current custodial account will remain open)

CASH: Transfer exactly \$ \_\_\_\_\_

ASSETS \*\*: All in-kind OR Transfer ONLY the following assets in-kind (attach a separate page to list additional, if necessary)

| Asset Name | No. of Shares | Asset Valuations |
|------------|---------------|------------------|
|            |               |                  |
|            |               |                  |
|            |               |                  |
|            |               |                  |
|            |               |                  |

<sup>\*\*</sup>Please review and complete one Incoming Asset Questionnaire form for each applicable non-traded asset being transferred in-kind. We cannot complete your request without the completed form and supporting documents for each investment transferring into your Forge Trust Co. IRA.

### 4. DELIVERY INSTRUCTIONS FOR CUSTODIAN

Please choose from the options below on how you would like your custodian to deliver your cash/assets to Forge Trust Co. If no option is selected, your custodian will choose for you.

| Check/Documents<br>(Checks are subject to a 5 business<br>day hold)  | Forge Trust Co. PO Box 6850 San Mateo, CA 94403 Make checks payable to "Forge Trust Co., FBO <client name=""> <forge account="" co.="" number="" trust="">"</forge></client>  | For overnight deliveries:<br>Forge Trust Co.<br>3050 S Delaware Street, Ste. 202<br>San Mateo, CA 94403 |  |
|--|---|---|--|
| <b>Wire</b> (Incoming Wire Fee applies) <u>Do not</u> send cash via ACH  | Bank Name: Tri Counties Bank Routing Transit Number (ABA): 121135045 Credit Account Name: Forge Trust Co. Credit Account Number: 452060061 For Further Credit: "FBO <client name=""> &amp; <forge account="" co.="" number="" trust="">"</forge></client> |   |  |
| DTC Do not send cash via DTC  Firm Name and DTC Number: Morgan Stanley - 0015 Account Title: Forge Trust Co. IRA C/F Account Number: 662-064002-866 For Further Credit: "FBO: <client name=""> &amp; &lt; Forge Trust Co. Account Number&gt;"</client> |   |   |  |

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#### 5. ACCOUNT OWNER AUTHORIZATION

By signing below, I acknowledge that the appointment of Forge Trust Co. as custodian will become effective upon receipt of the assets from the prior custodian. I further acknowledge that Forge Trust Co. assumes no liability for the action or inaction of the prior custodian as to the proper and timely transfer of funds.

- I direct Forge Trust Co. and the delivering custodian to act on all instructions given on this form, including transferring assets to Forge Trust Co.
- I authorize the delivering custodian to sell any non-transferable money fund shares, and any shares of other mutual funds that I have requested be sold, and transfer the proceeds as cash.
- I accept that Forge Trust Co. is not responsible for changes in the value of assets that may occur during the transfer process.

If this form is not being submitted via Forge Trust Co.'s DocuSign process, a physical signature is required.

- I affirm that I am aware of any tax or financial implications that may arise in connection with this transfer or with the sale or liquidation of any assets prior to transfer, including penalties, fees, financial losses, or losses of product features or benefits.
- I authorize the delivering firm to contact you about any assets that cannot be transferred.
- · I authorize the delivering custodian to deduct from my account any fees that I owe, and, if necessary, to sell assets in my account to pay those fees.
- · I instruct the delivering custodian to transfer any physical certificates in good deliverable form, including any necessary tax waivers.
- If I am transferring a retirement account and I am 73 or older, I affirm that this transfer will not violate IRS rules on required minimum distributions.
- If I am transferring into a SIMPLE IRA, I accept that the Date of First Participation will be the date that contributions are first deposited to my SIMPLE IRA at Forge
  Trust Co. by my employer, unless I provide a Date of First Participation.
- If there is a difference in the owner name(s) from section 1 and section 2, I acknowledge and attest that I am one and the same individual or entity.
- If there is a difference in the account type from section 1 and section 2, I acknowledge and attest that the transfer is allowable per IRS regulations.
- I acknowledge that Forge Trust Co. and its representatives do not provide tax, legal or investment advice; that the IRA is self-directed; and that I assume full responsibility for this transfer. Forge Trust Co. is not responsible for and does not guarantee any self-directed investment's products, services, or performance. I hold harmless, protect and indemnify Forge Trust Co., Forge Services, Inc. ("Administrator"), and their representatives from and against all liabilities, losses, damages, expenses, and charges that Forge Trust Co., the Administrator, and their representatives may sustain resulting directly or indirectly from this transaction.

I certify that the information and instructions provided, and the elections made by and through this Transfer Authorization, are true and correct. Forge Trust Co. may justifiably rely upon the instructions and elections made herein and is authorized to deposit the funds or securities in the manner provided by this Transfer Authorization.

| gg   |  |
|--|--|
|  |  |
|  |  |
| 6. FORGE TRUST CO.'S LETTER OF ACCEPTANCE (This section is for Forge       | e Trust Co. NOT to be completed by Account Owner.) |
|  |  |
| Forge Trust Co. accepts its appointment as Custodian. (Tax ID: 26-2627205) | Medallion Signature Guarantee                      |
| Signature of Agent for Forge Trust Co. as Custodian                        |  |
|  |  |
|  |  |
| Date (MM/DD/YYYY)  |  |
|  |  |
|  |  |

### DELIVERY INSTRUCTIONS (PDF ONLY, PLEASE DO NOT SEND JPEG, JPG, OR OTHER SMARTPHONE IMAGES)

transfers-in@ForgeTrust.com

**Fmail** 

Account Owner Signature

**Fax** (650) 745-2907

Regular mail Forge Trust Co. PO Box 6850 San Mateo, CA 94403 Overnight mail
Forge Trust Co.
3050 S Delaware Street, Ste. 202
San Mateo, CA 94403

Date (MM/DD/YYYY)

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## **Forge**Trust

# INCOMING ASSET QUESTIONNAIRE

Contact Center: (800) 248-8447 | www.ForgeTrust.com

|  |                           |                          | Forge Trust Co. Please complete one (<br>"Checkbook") LLC, Precious Metals, |                                 |                        |                 |
|--|---------------------------|--------------------------|---|---------------------------------|------------------------|-----------------|
| Required fields are identified v   | vith an *                 |                          |   |                                 |                        |                 |
| 1. PERSONAL IN   | FORMATION                 |                          |   |                                 |                        |                 |
| Should we need to contact you in regards to this request,  | First Name*               |                          | Middle Name   | Last Name*                      | me*                    |                 |
| your preferred method of contact is:   | Account Number            |                          | Social Security Number* (last 4 digits)                                     | Date of Birth                   | * (MM/DD/YY)           | YY)             |
| Email Primary Phone  | Phone* XXX-XXX            | -XXXX                    | Email (Your personal email only)  | mail (Your personal email only) |                        |                 |
| 1 filliary i florie  |                           |                          |   |                                 |                        |                 |
| 2. INVESTMENT I  | NFORMATIO                 | N                        |   |                                 |                        |                 |
| Complete one form per investme   | ent being transferred to  | Forge Trust The inve     | stment will be reviewed to ensure admini                                    | strative feasibility            | /                      |                 |
| Investment Name**  | g transcribe to           |                          | (e.g. LLC, Stock, Metal, Note, Real Estate)                                 |                                 |                        |                 |
|  |                           |                          |   |                                 |                        |                 |
| This investment is active If box is not checked, ple   |                           |                          | pending litigation or bankruptcy.   |                                 |                        |                 |
| Investment Contact Inform Please provide contact information custodian's information.            |                           | nsor or loan servicer as | ssociated with this investment. This should                                 | NOT be filled out               | with your previo       | ous/current     |
| Name of Investment Sponsor/L   | oan Servicer Entity*      |                          | Address*  |                                 |                        |                 |
| Contact Name   |                           |                          |   |                                 |                        |                 |
| Phone*   | Fax Numbe                 | er (optional)            | Email*  |                                 |                        |                 |
| ** Please note that we will not be able to acce<br>involvement will become necessary if the enti |                           |                          | nsfer. Forge Trust will send a request to the entity you lis                | ted above in order to ob        | otain this written con | firmation. Your |
| 3. INVESTMENT  | FEASIBILITY               | QUESTION                 | NAIRE (Not applicable for publicly  | traded investm                  | nents)                 |                 |
| Please answer the below question   | ons to allow us to review | v this investment and    | confirm it is eligible to be held in a tax-qu                               | alified account.                |                        |                 |
| 1. Do you or any family member   | er own any units/shares   | /interest in the invest  | ment outside of your IRA?   |                                 | Yes                    | No              |
| If yes:  |                           |                          |   |                                 |                        |                 |
| Explain the relationship. (Write   | 'self' if yourself)       |                          | What is the existing percentage of o  | ownership?                      |                        |                 |
| 2. Are you or any family memb  | er the main decision-ma   | aker or majority owne    | r of the investment?  |                                 | Yes                    | No              |
| If yes:  |                           |                          |   |                                 |                        |                 |
| Explain the relationship. (Write   | 'self' if yourself)       |                          |   |                                 |                        |                 |
| 3. Are you or any family memb  | er employed by the inve   | estment?                 |   |                                 | Yes                    | No              |
| If yes:  |                           |                          |   |                                 |                        |                 |
| Explain the relationship. (Write   | 'self' if yourself)       |                          | What position is held?  |                                 |                        |                 |

| 4. Will you or any family member be compensated or receive any other personal benefit as a result of this IRA investment?  | Yes | No |
|--|-----|----|
| If yes:  |     |    |
| Explain the relationship. (Write 'self' if yourself)   |     |    |
|  |     |    |
| E Are you a Politically Expand Parson ("DED")? DED refers to individuals who are as hove been entrusted with a prominent   |     |    |
| 5. Are you a Politically Exposed Person ("PEP")? PEP refers to individuals who are or have been entrusted with a prominent public function, as well as to their immediate family members, and close associates. PEPs include political figures, executives of government-owned corporations, senior government officials, and members of the executive, legislative, administrative, military, and | Yes | No |
| judicial branches of government.   |     |    |

If yes, please explain.

### 4. INVESTMENT REQUIREMENTS (for Alternative Investments only)

In order to review your investment, we must receive the below documents and/or information specific to the type of investment you are requesting to transfer in to Forge Trust Co. Additional documents and/or signatures may be required based on your unique investment.

| IRA LLC  | Private Placement (Limited Partnership, Private Stock, Non-Public Partnership, etc.)  |
|--|---|
| Forge Trust Form: IRA LLC Agreement (Located at www.ForgeTrust.com -> Forms)  Operating Agreement  Articles of Organization / Certificate of Formation  EIN Confirmation (showing the LLC registration and EIN Assigned) | Subscription or Stock Purchase Agreement Operating/LP Agreement Offering Document - Private Placement Memorandum or offering deck (if applicable) |
| REITs (Real Estate Investment Trust)   | Promissory Notes  |
| Change of Ownership Paperwork (from REIT management company)   | Executed Note If Secured: Assignment of collateral/Deed of Trust  |
| Real Estate  | Precious Metals (Please indicate where you would like your metals held.)  |
| Forge Trust Form: Real Estate Valuation (Located at www.ForgeTrust.com -> Forms) Recorded Deed   | Delaware Depository (East Coast)  BlueVault Precious Metals Storage (West Coast)  |

### 5. SIGNATURE

I acknowledge that Forge Trust and its representatives do not provide tax, legal or investment advice; that the IRA is self-directed; and that I assume full responsibility for this investment. Forge Trust is not responsible for and does not guarantee any self-directed investment's products, services, or performance. I hold harmless, protect and indemnify Forge Trust, Forge Services, Inc. ("Administrator"), and their representatives from and against all liabilities, losses, damages, expenses, and charges that Forge Trust, the Administrator, and their representatives may sustain resulting directly or indirectly from my investment. By my signature below, I certify that the information and instructions provided are true and correct. I confirm that this asset does not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling, or illegal artifacts.

| Account Owner Signature | Date (MM/DD/YYYY) |
|-------------------------|-------------------|
| X                       |                   |

Please sign and submit additional documents as required.

### **DELIVERY INSTRUCTIONS**

transfers-in@ForgeTrust.com

**Email** 

**Fax** (650) 745-2907

Regular mail Forge Trust Co. PO Box 6850 San Mateo, CA 94403 Overnight mail Forge Trust Co. 3050 S Delaware Street, Ste. 202 San Mateo, CA 94403

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