ForgeTrust

BLUEVAULT INVESTMENT AUTHORIZATION

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

This form must be used to authorize purchase of BlueVault Precious Metals, include invoice/purchase order.

IMPORTANT: Asset documents must specify the following registration: "Forge Trust Co. CFBO: [Investor Name] [IRA Account No.] (Tax ID: 26-2627205)"

☐ Invoice My Fees: I elect to be invoiced any applicable fees to pay online, via credit card or ACH. If enrolled in automatic payments, no additional action is required; otherwise, I understand I will have 5 days to make a one-time payment. If payment is not received, and there is insufficient cash to satisfy the amount due, my request will be canceled.

1. PERSONAL INFORMATION (*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

☐ Email

☐ Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* Last 4 Digits Only	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. INVESTMENT INSTRUCTIONS (Prior to releasing your funds we may contact you for verbal confirmation of these instructions.)

Please note we will retain enough cash to maintain your minimum required balance, and to cover any investment-related fees or any unpaid fees before sending your requested amount. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available.

Asset Name*
Gold and/or Silver Bullion Coins and/or Bars
Asset Type*
Precious Metals

Contact Information

Name of Investment Sponsor/Managing Entity*		Address*
BlueVault		5638 Mission Center Rd., #104
Phone* XXX-XXX-XXXX	Fax Number (optional)	Email*
619-342-8090		Jon.Sandhaus@bluevaultsecure.com

Amount to purchase: The value indicated should be the upper limit of the investment you would like to make.

Amount to Purchase: Maximum Investment Amount

☐ Not To Exceed: _____

3. FUNDING INSTRUCTIONS (Please indicate how funds from your account are to be sent (check or wire) for the purchase of the asset listed above.)

◯ Send a WIRE. I have completed and attached a *WIRE REQUEST* form. I understand that an outgoing wire fee applies.

◉ Send a CHECK using the following service:

- ◯ Regular Mail
- ◯ Overnight Mail (via FedEx)

Charge cost of overnight delivery to:

FedEx Account #: _____

If no account # is provided, it will be billed to your IRA account at cost.

Payee Name & Address (must not be a bank address*)

Payee Name: BlueVault

Address: Attn: Jon Sandhaus

5694 Mission Center Rd, Ste 602

PO Box 454

City/State/Zip: San Diego, CA 92108

*We no longer mail checks to bank addresses.

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4. ACKNOWLEDGMENT, AUTHORIZATION & PARTICIPANT SIGNATURE

I hereby acknowledge that I am solely responsible for the investment instructions I am making. You acknowledge that Forge Trust Co. and its representatives do not provide tax, legal or investment advice; that the Account is self-directed; and that you assume full responsibility for this investment. Forge Trust Co. is not responsible for and do not guarantee the products, services or performance of any self-directed investment. You release and agree to indemnify and hold harmless Forge Trust Co., its divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns from liability for any adverse consequences that may result from this investment. I hold harmless, protect and indemnify the Custodian and Administrator from and against any and all liabilities, losses, damages, expenses and charges that the Custodian and Administrator may sustain or might sustain resulting directly or indirectly from my investment. By your signature below, you certify that the information and instructions provided, and the elections made by and through this investment instructions, are true and correct. I acknowledge that if I do not provide a notarized signature, Forge Trust Co. may contact me for verbal confirmation of my investment instructions, which may cause delays if I cannot be reached at the phone number provided in Section 1 of this form or any of my phone number(s) on record. I hereby authorize the purchase of the asset listed above for my Forge Trust Co. account. I confirm that this purchase 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's Signature	Date (MM/DD/YYYY)
X	

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
investments@ForgeTrust.com

Fax
(650) 745-2929

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111

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BLUEVAULT WIRE REQUEST

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

This form is to be attached to the BlueVault Investment Authorization if you are requesting that we wire your funds.

1. PERSONAL INFORMATION (*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

- ☐ Email
- ☐ Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* Last 4 Digits Only	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. TRANSACTION TYPE

These wire instructions are for (select one):

◉ An investment; I am submitting an Investment Authorization with this Wire Request form	○ A distribution; I am submitting a Distribution Request with this Wire Request form

3. WIRE INSTRUCTIONS (Outgoing wire fee applies)

Please wire my funds to the following bank account (fields marked with an asterisk (*) are required):

Bank Name*	PNC Bank NA		
Bank Address*	500 First Avenue, Pittsburgh, PA, 15219		
Bank Phone Number*		**Attention:**	
ABA (wire routing number)*	043000096		
Account Name*	BlueVault Secure Inc		
Account Number*	4767515868		
For Further Credit Account Name			
For Further Credit Account Number			

4. AUTHORIZATION

Participant Signature	Date (MM/DD/YYYY)
X	

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Please include this form with your Investment Authorization, Distribution Request or RMD Cash Distribution form.

For Investment wires:
Fax (650) 745-2929
Email investments@ForgeTrust.com

For Distribution wires:
Fax (650) 745-1403
Email distributions@ForgeTrust.com

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111

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