nuview TRUST COMPANY

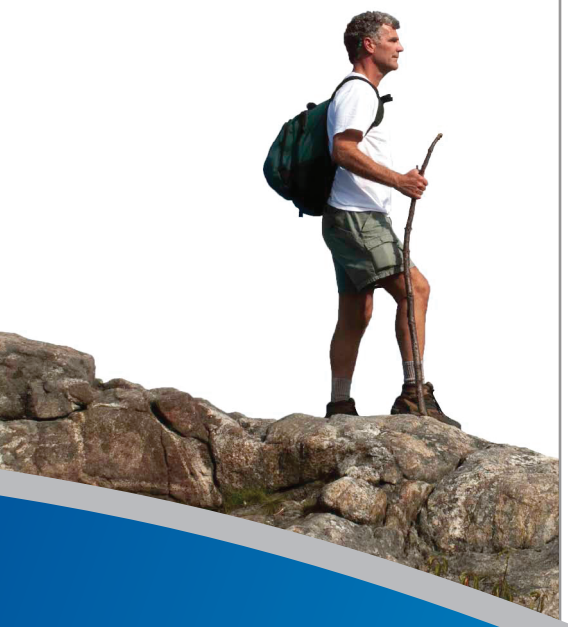
Welcome to our world.

New Account Starter Kit and Checklist

NuView Orlando Headquarters

280 S. Ronald Reagan Blvd.
Suite 200
Longwood, FL 32750
Office: 407-367-3472

Toll free: 877-259-3256
Fax: 407-571-9541
Email: Info@NuViewIRA.com
Visit us at NuViewIRA.com



Step One: Open your account

- ☐ Page 1: Include your current occupation and title. If you are retired, list the occupation you retired from.
- ☐ Page 2: List at least one beneficiary. If your spouse is not the primary beneficiary, he or she may need to sign the consent section.
- ☐ Page 3: Ensure the proper fee schedule and payment option is selected; approve these options with your signature.
- ☐ Page 4: Sign the Signature and Acknowledgement page.
- ☐ **Please include a copy of a valid government-issued photo ID, such as a driver's license or passport.**

Step Two: Fund your account

- ☐ Transfer Form: Use this form to transfer funds from your existing IRA to your NuView IRA. Please note that your existing IRA custodian may require a Medallion Guarantee Stamp, which is much like a notary seal. Check with your bank to obtain this stamp.

OR

- ☐ Rollover/Direct Rollover Certification Form: This form documents the rollover of your asset to NuView IRA. You will need to contact your current provider to initiate the rollover.

  A rollover contribution occurs when you take receipt of assets for up to 60 days before reinvesting in a new retirement plan.

  A direct rollover contribution occurs when you move assets directly from your qualified retirement plan to a new retirement plan.

IRA Application

NuView IRA
280 S. Ronald Reagan Blvd., Suite 200
Longwood, FL 32750
P: (877) 259-3256 | F: (407) 571-9541
E: documents@nuviewira.com

Thank you for your interest in Self-Directing your IRA through NuView IRA, Inc. Please complete the sections below, sign and return with original signatures to our office.

To initiate the account, we will need the original completed forms:

- ☐ **IRA Account Application**
- ☐ **IRA Transfer or Direct Rollover Form** (if transferring funds)
- ☐ **Photocopy of your driver's license** (Patriot Act requirement)

For office use only:
Account No.: _____
Date Received: _____

1 PERSONAL INFORMATION

Legal Name *(Required)* ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____		**Date of Birth** *(MM/DD/YYYY)*	**Social Security Number**
Legal Address *(Required)*		**City, State, Zip**	
Mailing Address *(Optional)*		**City, State, Zip**	
Primary Phone	**Fax**	**Mobile**	**Email Address**
Marital Status ☐ Single ☐ Married *(see Consent of Spouse)* ☐ Widowed or Divorced		**Current/Most Recent Occupation** (Required)	**Title**

2 NOTIFICATIONS

Would you like to receive your quarterly statements online? ☐ Yes (no charge) ☐ No ($10 annual fee)

How did you hear about us? Referred by: ☐ NuView Client ☐ Realtor ☐ CPA ☐ Attorney ☐ Advisor

Referral name: _____ ☐ Online via: _____ ☐ Other: _____

3 ACCOUNT TYPE

Please select one:

☐ **Traditional IRA** ☐ **Roth IRA**	☐ **SEP IRA** *(please attach employer plan documents)* Employer Name: _____	☐ **SIMPLE IRA** *(please attach employer plan documents)* Employer Name: _____
☐ **Beneficiary/Inherited IRA** Check one: ☐ Trad ☐ Roth ☐ SEP ☐ SIMPLE Original IRA Holder Name: _____		☐ **Health Savings Account** Check one: ☐ Self-only coverage ☐ Family coverage

4 ACCOUNT FUNDING

☐ **Annual Contribution** Year contribution for: _____	☐ **Transfer Contribution** Transfer from existing IRA or Employer Sponsored Plan.	☐ **Rollover Contribution** Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan.	☐ **Direct Rollover Contribution** Rollover from Employer Sponsored Plan.

5 INTERESTED PARTY DESIGNATION

I hereby authorize the following representative as interested party on my self-directed IRA. I understand this named representative will have access to my account details, balance, holdings and any other account related activity. Interested parties DO NOT have the ability to sign on your behalf or move funds in or our of your self-directed account. I also understand that this will remain in effect until revoked in writing.

Name *(Individuals only)*	**Phone**	**Email**

Would you like the named interested party to be provided a login to view your account online? ☐ Yes ☐ No

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6 BENEFICIARIES

Select Beneficiary Type: ☐ Primary ☐ Contingent				
Name	**Social Security Number**	**Relationship**	**Date of Birth**	**Share %**
Address		**City**	**State**	**Zip**

Select Beneficiary Type: ☐ Primary ☐ Contingent				
Name	**Social Security Number**	**Relationship**	**Date of Birth**	**Share %**
Address		**City**	**State**	**Zip**

Select Beneficiary Type: ☐ Primary ☐ Contingent				
Name	**Social Security Number**	**Relationship**	**Date of Birth**	**Share %**
Address		**City**	**State**	**Zip**

Select Beneficiary Type: ☐ Primary ☐ Contingent				
Name	**Social Security Number**	**Relationship**	**Date of Birth**	**Share %**
Address		**City**	**State**	**Zip**

Account Owner Signature

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.

Signature of Participant: _____ **Date:** _____

Spousal Consent *(only required if your spouse is not the primary beneficiary - see note below).*

The consent of spouse must be signed only if all of the following conditions are present:

a. Your spouse is living;
b. Your spouse is not the sole primary beneficiary name and;
c. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, LA or NV).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the *Designation of Beneficiary* form and I understand that I have a property interest in the account. I herby acknowledge and consent to the above Designation of beneficiary other than or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature: _____ **Date:** _____

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7 FEE SCHEDULE

☐ **Option One: Fee Based on Number of Assets:**

$295 Per Asset and/or Liability

($295 Minimum Account Fee)

_____

☐ **Option Two: Fee Based on Total Account Value**

Portfolio Value:		Annual Asset Fee:
$0 -	$14,999.99	$195
$15,000	$29,999.99	$260
$30,000	$44,999.99	$325
$45,000	$59,999.99	$390
$60,000	$89,999.99	$500
$90,000	$124,999.99	$700
$125,000	$249,999.99	$950
$250,000	$499,999.99	$1,250
$500,000	$749,999.99	$1,650
$750,000 and up		$1,850

ALL ACCOUNTS INCLUDE AT NO ADDITIONAL CHARGE

- Online Account Access
- Required minimum distributions by check
- Annual Tax Reporting
- Access to regular Educational/Networking Events

TRANSACTIONS FEES

- Account establishment: $50 (Paid upon initial application)
- Wire transfer: $30
- Cashiers or other official bank check: $10
- ACH transfer, Trust checks: Free ($5 non-portal requests)
- Returned Items or Stop Payment Request: $30
- Special services, such as research of closed accounts, legal research, expedited investment review or additional processing required for certain complex transactions: $150/hour
- Purchase, Sale, Exchange or re-Registration of any Asset: $95
- Paper Quarterly Statements: $10
- Check Deposit Research: Free ($5 without deposit code)
- Overnight mail: $30
- Cash only fee: $48.75
- Fair Market Value stale dated asset: $75 (Charged annually)
- Partial or Full Account Termination - Includes transfer of assets from your account and lump-sum distributions: .005 of the termination value: maximum fee of $250 plus transaction & re-registration charges for each asset sale

PAY FEES BY: ☐ **VISA** ☐ **MC** ☐ **AMEX** ☐ **DISCOVER**

CARD NUMBER: _____ **EXP DATE:** _____

NAME ON CARD: _____ **BILLING ZIP CODE:** _____

Preferred Billing Method: ☐ **Always charge my credit card** ☐ **Deduct fees from my undirected cash account**

☐ **Only charge my credit card if no funds are available in my retirement account**

Annual Record keeping fees *are withdrawn from your un-directed funds on the date of account establishment and subsequent asset purchases unless you submit payment directly by check, credit or debit card. Fees may be collected quarterly and those Fees paid from your account will be reflected on your statement. You may also prepay fees by check, credit or debit card or charge to your account. If there are insufficient un-directed funds in your account, we may liquidate other assets in your account to pay for such fees after a 30 day notification, in accordance with your Plan and Trust Disclosure. Late Payment, Fees: The lesser of 1.5% per month (18% per annum) or the maximum allowable under applicable state law. Late Payment of Fees: The lesser of 1.5% per month (18% per annum) or the maximum allowable under applicable state law may be charged and collected. In accordance with your Account Application, this Fee Disclosure is part of your Agreement with the Administrator and must accompany your Application. If a signed Fee Disclosure is not received with your Application, fees will be based on "Option 2 --Account Value".* ***Custodian's Fees****: The Custodian shall be entitled to receive, from the assets held in your account, a fee equal in amount to all income that is generated from any Undirected Cash (defined as any cash in your account not invested pursuant to a specific investment direction by you) which has been deposited by the Custodian into FDIC or other United States government insured financial institutions, United States government securities, or securities that are insured or guaranteed by the United States government. The Custodian retains the right, but does not have the obligation, to reduce this fee by rebating a portion of the fee into your account. You agree that this fee may be retained by the Custodian as compensation for the services provided by the Custodian in relation to your account. The Custodian may pay all or an agreed portion of this fee to the Administrator as agreed between the Custodian and the Administrator. The Custodian reserves the right to change all or part of the Custodial Fee Schedule at its discretion with 30 days advance notice. You acknowledge and agree that the Custodian may transfer any Undirected Cash in your account into any FDIC insured financial institution or in United States government securities or in securities that are insured or guaranteed by the United States government without any further approval or direction by you.*

PLEASE PRINT, SIGN AND MAIL THIS FORM TO YOUR NUVIEW IRA OFFICE.

Printed Name: _____

Signature: _____ **Date:** _____

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E: documents@nuviewira.com

8 SIGNATURE AND ACKNOWLEDGEMENT

Custodian and Administrator: The Custodian for my account will be **NuView Trust Company** and the Administrator for my account will be **NuView IRA, Inc.** I understand that the Custodian and the Administrator may resign by giving me written notice at least 30 days prior to the effective date of such resignation. I understand that if I fail to notify the Administrator of the appointment of a successor trustee or custodian within such 30 day period, then the assets held by the Custodian in my account (whether in cash or personal or real property, wherever located, and regardless of value) will be distributed to me, outright and free of trust, and I will be wholly responsible for the tax consequences of such distribution.

No Tax, Legal or Investment Advice: I acknowledge and agree that the Custodian and the Administrator do not provide or assume responsibility for any tax, legal or investment advice with respect to the investments and assets in my account, and will not be liable for any loss which results from my exercise of control over my account. I understand that my account is self-directed, and I take complete responsibility for any investments I choose for my account. I further understand and agree that neither the Custodian nor the Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way agents, employees, representatives, affiliates, partners, independent contractors, consultants, or subsidiaries of the Custodian or the Administrator, and that the Custodian and Administrator are not responsible for and are not bound by any statements, representations, warranties or agreements made by any such person or entity. I agree to consult with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my account.

Prohibited Transactions: I understand that my account is subject to the provisions of Internal Revenue Code (IRC) Section 4975, which defines certain prohibited transactions. I acknowledge and agree that neither the Custodian nor the Administrator will make any determination as to whether any transaction or investment in my account is prohibited under sections 4975, 408(e) or 408A, or under any other state or federal law. I accept full responsibility to ensure that none of the investments in my account will constitute a prohibited transaction and that the investments in my account comply with all applicable federal and state laws, regulations and requirements.

Unrelated Business Income Tax: I understand that my account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Taxable Income (UBTI) of tax-exempt organizations. I agree that if I direct the Administrator to make an investment in my account which generates UBTI, I will be responsible for preparing or having prepared the required IRS Form 990-T tax return, an application for an Employer Identification Number (EIN) for my account, and any other documents that may be required, and to submit them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my account and to pay the applicable tax from the assets in my account. I understand that the Custodian and the Administrator do not make any determination of whether or not investments in my account generate UBTI; have no duty to and do not monitor whether or not my account has incurred UBTI; and do not prepare Form 990-T on behalf of my account.

Valuations: I understand that the assets in my account are required to be valued annually at the end of each calendar year in accordance with IRC Section 408(i) or 223(h) and other guidance provided by the IRS, and that the total value of my account will be reported to the IRS on Form 5498 each year. I agree to provide the year end value of any illiquid and/or non-publicly traded investments, which may include without limitation limited partnerships, limited liability companies, privately held stock, real estate investment trusts, hedge funds, real estate, secured and unsecured promissory notes, and any other investments as the Custodian shall designate, by no later than January 10th of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all losses, expenses, settlements, or claims with regard to investment decisions, distribution values, tax reporting or any other financial impact or consequence relating to or arising from the valuation of assets in my account.

Indemnification: I agree that the Custodian and the Administrator have no duty other than to follow my written instructions, and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my account under any circumstances. I understand that the Custodian and the Administrator are acting only as my agent, and nothing will be construed as conferring fiduciary status on the Custodian or the Administrator.

I agree to indemnify and hold harmless the Custodian and the Administrator from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken (or omitted to be taken) pursuant to and/or in connection with any investment transaction directed by me or my investment advisor or resulting from serving as the Custodian or the Administrator, including, without limitation, claims, damages, liability, actions and losses asserted by me.

Electronic Communications, Signatures, and Records: I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state where the Custodian is organized (Kansas Statutes Annotated (KSA) Sections 16-601 et seq.), and the federal Electronic Signature in Global and National Commerce Act (ESIGN Act, as contained in 15 U.S.C. 7001), as those laws pertain to electronic communication, electronic signatures, and electronic storage of Custodial Account records. I understand that, in lieu of the retention of the original records, the Administrator and Custodian may cause any, or all, of their records, and records at any time in their custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original if permitted by law.

Responsibility for determining eligibility and tax consequences: I assume complete responsibility for 1) determining that I am eligible to make a contribution to my account; 2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and 3) the tax consequences of any contribution (including a rollover contribution) and distributions.

No FDIC Insurance for Investments: I recognize that investments purchased and/or held within my account: 1) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2) are not a deposit or other obligation of, or guaranteed by, either the Custodian or the Administrator; and 3) are subject to investment risks, including possible loss of the principal amount invested.

Our Privacy Policy: You have chosen to do business with the Custodian and the Administrator. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect: We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share: We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian and Administrator have agreed to the Custodian's and the Administrator's confidentiality and security policies. If you decide to close your account or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security: We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Custodian and the Administrator reserve the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy, please contact us at the address and or telephone number listed on this Adoption Agreement.

IRA Holder Signature: _____

Print Name: _____ **Date:** _____

Custodian (or Authorized Representative) Signature: _____

Print Name: _____ **Date:** _____

Transfer Form

NuView IRA
280 S. Ronald Reagan Blvd., Suite 200
Longwood, FL 32750
P: (877) 259-3256 | F: (407) 571-9541
E: documents@nuviewira.com

Use this form to transfer funds directly from your existing IRA to your NuView IRA.

1 PERSONAL INFORMATION

Name *(Your name as it appears in your plan)* ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____	**Social Security Number**
Legal Address	**City, State, Zip**
Phone	**NuView Account Number** *(if applicable)*

2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee		**Account Number**
Transfer Department Address		**City, State, Zip**
Phone Number	**Contact Name** *(optional)*	**Type of Account** ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ Qualified Plan ☐ HSA ☐ ESA ☐ Beneficiary/Inherited

3 TRANSFER DETAILS

☐ **Option One: Cash Transfer**

☐ **Complete** (liquidate and send all proceeds)

☐ **Partial - Send ONLY $** _____

Please send cash via: ☐ **Check** ☐ **Wire**

☐ **Option 2: In-Kind Transfer**

(NuView will not accept in-kind transfers of publicly traded securities)

☐ **Complete** (Send all assets listed below and cash)

☐ **Partial - Send ONLY the assets listed below**

Please send cash via: ☐ **Check** ☐ **Wire**

How would you like this request sent to your current custodian? ☐ Certified mail (no charge) ☐ Overnight Mail ($30)

Asset Description	Amount

4 SIGNATURE AND ACKNOWLEDGEMENT

1. I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self directed account through execution of the account application.
2. I understand the rules and conditions applicable to an Account Transfer
3. I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.

Your Signature: _____

Date: _____

(Medallion Guarantee Stamp)

ACCEPTANCE OF RECEIVING CUSTODIAN

Pursuant to a limited written delegation NuView Trust Company, as Custodian ("Custodian"), has authorized NuView IRA, Inc to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt, to the Account established by NuView IRA, Inc on your behalf. NuView Trust Company ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR ACCOUNT.

NuView IRA, Inc on behalf of Custodian, NuView Trust Company

By: _____

Date: _____

Account #: _____

Type of Account

☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ HSA ☐ ESA

☐ Qualified Plan

Print Form

Rollover/Direct Rollover Certification Form

NuView IRA
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E: documents@nuviewira.com

This form documents the rollover of your asset to NuView IRA. NuView IRA will not initiate the rollover. Contact your current custodian to roll over your assets to NuView IRA. For multiple transactions, please use a separate form for each. Use this form to:

- ***Document*** **your rollover contribution to NuView IRA (take receipt of the assets for up to 60 days before reinvesting in a new retirement plan).**
- ***Document*** **your direct rollover contribution (move assets directly from your qualified retirement plan to a new retirement plan).**

1 PERSONAL INFORMATION

Name *(Your name as it appears in your plan)* ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____	**Social Security Number**
Legal Address	**City, State, Zip**
Phone	**NuView Account Number** *(if applicable)*

2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee		**Account Number** *(if applicable)*
Office Address:		**City, State, Zip**
Phone Number	**Contact Name** *(optional)*	**Type of Plan you are rolling over from:** ☐ 401k or Other (PS, MP, DB, 403(b), 457) _____ ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ ESA ☐ HSA

3 ROLLOVER DETAILS

I am an eligible person to perform this transaction: *(Select one)*

☐ Plan Participant ☐ Spouse beneficiary of account ☐ Non-spouse beneficiary of account ☐ Responsible Individual

☐ Ex-spouse of account due to divorce/legal separation

ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN

To roll over CASH, please follow the instruction below. Contact our office for wire instructions.

Cash: Please make check payable to: **NuView IRA**

To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.)**, please complete the asset description below and contact us regarding the re-registration of your investment.**

Asset Description	Amount

4 SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of an account application. I understand the rules and conditions applicable to a (check one) ☐ Rollover ☐ Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into an self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at NuView IRA or any of its licensees has authority to agree to anything different than my foregoing understandings of NuView IRA policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of $ _____ as a rollover contribution. ***If this is an Indirect Rollover, I further certify the following by signing this form:***

A. This rollover contribution is being made within 60 days after my receipt of funds from another IRA.
B. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a rollover distribution from any IRA which was subsequently rolled over to another IRA.
C. I am not rolling over any Required Minimum Distributions with respect to the distributing plan.

Your Signature: _____ **Date:** _____