

1 FEE SCHEDULE

Option One: Fee Based on Number of Assets:
\$295 Per Asset and/or Liability

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

TRANSACTION FEES

- Purchase, Sale, Exchange or re-Registration of any Asset: \$95
- Wire transfer: \$30
- Cashiers or other official bank check: \$10
- ACH transfer, Trust checks: \$5 each (No Charge Through myNuView)

MISC. FEES

- Account establishment: \$50 (Paid upon initial application)
- 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
- 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
- Paper Quarterly Statements: \$10
- Check Deposit Research: \$5
- Overnight mail: \$30
- Fair Market Value stale dated asset: \$75 (Charged annually)

PAY FEES BY: VISA MC AMEX DISCOVER Deduct fees from my undirected cash account

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

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

Preferred Billing Method: Always charge my credit card
 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Annual Record keeping fees are withdrawn from your un-directed funds on the date of account establishment and subsequent asset purchases unless you submit payment directly by check, credit or debit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 demand deposit accounts and time deposit accounts or follow form 5305-A while under review. 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 demand deposit accounts and time deposit accounts or follow form 5305-A while under review without any further approval or direction by you.

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

Printed Name: _____

Signature: _____ **Date:** _____