

Account Number:

Fees are not prorated.

Account Set-up Fee	\$50
Annual Account Maintenance Fee	\$125

	Annual Storage Fee	Annual Holding Fee (Per Asset)	Transaction Fees (purchase, sale, etc.)
Real Estate	N/A	\$150	\$150
Real Estate with a Mortgage	N/A	\$200	\$150
Notes & Mortgages	N/A	\$75	\$50
LLC, LP, Private Placements	N/A	\$100	\$50
Trading Account	N/A	\$100	\$75
Precious Metals	\$1.00 per \$1,000 value, with a \$100 minimum	\$25	\$50

INCIDENTAL FEES—Fees for services not listed below may be charged at the discretion of IRA Plus Southwest.

Roth Conversion / Recharacterization	\$75
Domestic Wire Transfer	\$25
International Wire Transfer	\$60
Distribution/Outgoing Transfer Processing Fee	\$10
Expense Payment Processing Fee	\$10
Overnight or courier delivery (Domestic)	\$30
Overnight or courier delivery (International)	Actual Delivery Charge + \$10
Returned checks/wires/declined credit card	\$35 per item
Change of asset ownership (re-registration)	\$100
Corrected Form 1099-R or Form 5498	\$10
Research/Special Services	\$75 per hour
Account Termination fee	\$225

SELECTION OF FEE PAYMENT ARRANGEMENT—Please choose your preferred method of payment below. **You must choose one.**

A separate check may be enclosed for set-up and first year fees

- Debit My IRA Account** - appropriate cash balance must be kept. If your account does not have adequate cash for fees, you will be invoiced.
- Invoice** - a fee of \$5 per invoice applies
- Credit Card** *(Account Owner's credit card information listed on the next page is **required** if credit card option is selected.)
* All credit card payments are subject to an additional 3% convenience fee. A \$35 fee applies for a declined credit card.

If no payment method is selected, fees will be deducted from your account to the extent there is cash available in your account. If your account does not have adequate cash to pay fees, you will be invoiced and applicable invoicing fees will apply.

The balance that appears on invoices or statements shall be payable in full no later than thirty (30) days from the date of the invoice or statement. All past due sums shall bear interest at the lesser of eighteen percent (18%) per annum (1½% per month) or the maximum allowed by law commencing on the day from and after such sum is due and payable. Failure to make payment in full constitutes a default. Assets may be liquidated to pay for such fees, as outlined in the 5305. I understand this fee agreement and agree to be bound by its terms.

Under penalty of perjury, I declare and certify that this form, except for the information provided in the completion of the form, is identical, word for word, to the form provided by IRA Plus Southwest, LLC ("IPS"), via its website or by any other means, and has not been altered in any manner whatsoever by me or, to my knowledge, by any third party. In the event that this form has been modified, with or without my knowledge, I agree that any such modification shall be null and void and that the language of the form as it was provided by IPS shall override any conflicting language.

Signature: **X** _____

Date: **X** _____

Account Number:

[Empty box for Account Number]

CREDIT CARD INFORMATION

* If you selected for fees to be paid by credit card, please supply the necessary information below. This information will be used solely to pay fees for your IRA account and will be kept confidential. All credit card payments are subject to an additional 3% convenience fee.

Name: (as it appears on your Account Application)	Social Security Number:
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Name of Cardholder: _____ (as it appears on card)

Credit Card #: _____ **Expiration Date:** _____ / _____
Month Year

Card Type: ___ Visa ___ Mastercard ___ Discover **Card Security Code:** _____

Cardholder Billing Address:

Street: _____

City, State, Zip: _____

Email Address: _____

By executing this credit card Agreement, I authorize IRA Plus Southwest, LLC to charge my credit card for fees.

I understand and acknowledge that there will be a \$35 fee charged for a declined credit card.

Printed Name: **X** _____

Signature: **X** _____ **Date:** **X** _____

FOR SECURITY REASONS, please do not fax this form without calling our office first.