

[Empty box for account number]

(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

FOR PROCESSING, RETURN TO: IPS ♦ 8226 Douglas Avenue ♦ Suite 520 ♦ Dallas, Texas 75225-5927 ♦ 800-473-1977 ♦ 855-739-1987 FAX

(Effective July 10, 2016)
(Fees are not prorated)

SELECTION OF FEE PAYMENT ARRANGEMENT—Please choose your preferred method of payment below.

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 page 3 is required if credit card option is selected.)
* Your card will be charged for any fees and an invoice marked paid will be mailed to you. A fee of \$5 per invoice applies

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 set-up fee is due upon account opening. A check for \$50 is made payable to Liberty Trust Company must be included with the Account Application. All other fees will be debited from your account to the extent there is cash available in your account. If your account does not have adequate cash for fees, you will be invoiced. The Account Maintenance and Asset Holding Fees are charged annually in the month that you opened your account. Transaction and Processing Fees are charged at the time the service is provided. The Annual Holding Fees for any asset purchases will be charged at the time of the service and are not prorated. If you wish to change your method of payment, you will need to complete a new Fee Agreement.

You are required to maintain a minimum cash balance of \$500 in your account. A fee of \$25 may be assessed each quarter if your cash balance is less than \$500 at the end of the quarter.

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. A late fee of \$7.50 per month will be charged on past due balances until paid. Failure to make payment in full constitutes a default. Any balance outstanding for more than (30) days will be debited from your account to the extent cash is available, regardless of payment method selected. We may place a lien on the assets in the account and/or assets may be liquidated to pay for such fees, as outlined in the 5305. I understand this Fee Agreement and the Fee Schedule and agree to be bound by their terms. The Custodian may change this Fee Agreement and/or the Fee Schedule at any time after thirty (30) days written notice to the Account Owner.

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 Liberty Trust Company ("LTC"), 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 LTC shall override any conflicting language.

Printed Name: X _____

Signature: X _____ Date: X _____

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ACCOUNT SET-UP FEE.....\$50

ANNUAL FEES

Annual Account Maintenance Fee.....\$125

Annual Asset Holding Fees

Alternative Asset (other than real estate).....\$125

Real Estate.....\$150

TRANSACTION AND PROCESSING FEES

Purchase/Sale/Exchange (other than real estate).....\$75

Purchase/Sale/Exchange (real estate).....\$150

Roth Conversion.....\$25 per asset plus re-registration fees

Recharacterization.....\$50 plus \$25 per asset plus re-registration fees

Domestic Wire Transfer.....\$25

International Wire Transfer.....\$60

Distribution/Outgoing Transfer Processing Fee\$10

Expense Payment Processing Fee.....\$10

Overnight or courier delivery (Domestic).....\$35

Overnight or courier delivery (International).....Actual delivery charge + \$10

Returned checks or wires/stop payment/declined credit card.....\$35 per item

Change of asset ownership (re-registration).....\$100

Corrected form 1099-R or Form 5498.....\$50

Research/Special Services.....\$150 per hour

Reopen closed account.....\$25

Processing fee for Incoming Transfer under \$2,000.....\$50

Return of Excess IRA/SEP contribution.....\$50 plus \$25 per asset plus re-registration fees

Quarterly fee if cash balance is under \$500.....\$25

Capital calls/subsequent investments into existing asset.....\$25

Notary Fee.....\$10

Invoice.....\$5 per invoice

Duplicate/Corrected Statement.....\$10

Note Modification.....\$50

Custodian Signature of Document (other than purchase).....\$10

Late Asset Valuation Update Fee.....\$150

Required Minimum Distribution (RMD) Recalculation¹.....\$100

Same day processing (must be received by 10:00 A.M.).....\$100

Next day processing (must be received by 3:00 P.M.).....\$50

Account Termination Fee.....\$250

Fees for services not listed above may be charged at the discretion of Liberty Trust Company
Fees may be changed after thirty (30) days notice

Printed Name: **X** _____

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

¹ A calculation of the RMD is provided each January based on the account value as of the preceding December 31. The calculation fee will be charged for each additional calculation requested.



LIBERTY TRUST COMPANY

CREDIT CARD FEE AGREEMENT

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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. After charging your card, an invoice marked paid will be mailed you. The \$5 invoice fee will apply.

Name: (as it appears on your Account Application) _____

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 Liberty Trust Company 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.