



DEPOSITORY PAYMENT AUTHORIZATION LETTER

13905 W. Wainwright Dr.

Boise, ID 83713

Phone: (866) 377-3311

Fax: (208) 376-4567

*Fields marked with an * are required.

1. ACCOUNT INFORMATION

Account Holder's Name*:

Account Number:

Email Address:

Phone Number:

2. EXPENSE INFORMATION

I hereby authorize and direct the Administrator and/or Custodian to make the following recurring payments for my account:

DEPOSITORY STORAGE FEES

IRA asset bills are paid 3 business days after receipt.

3. PAYMENT INFORMATION *(Supporting invoice must be submitted)*

Payable To*:

Amount: \$

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Annually ☐ As Invoiced ☐ One Time

4. DELIVERY INSTRUCTIONS

☐ CHECK (\$5.00 check fee applies)

☐ Hold for Pick Up (Checks are available for pick up after 1 pm)

☐ Overnight (Cannot be delivered to a PO Box)

☐ Regular Mail

Mailing Address: City: State: ZIP:

☐ WIRE (\$25.00 wire fee applies) ☐ ACH (\$5 ACH fee applies)

Please attach ACH or Wire Instructions.

5. SIGNATURE & ACKNOWLEDGMENT

I understand that my account is self-directed and that the Administrator and/or Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to selling any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided any advice with respect to the investment set forth in this Payment Authorization Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of the title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator nor the Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws.

I understand that it is my responsibility to review any investments to ensure compliance with these requirements. I understand that no one at Mountain West IRA, Inc. or any of its licensees has authority to agree to anything different than my foregoing understandings of Mountain West IRA, Inc. policy. I understand that the administrator is not a fiduciary for my accounts as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state, or local laws. I agree to release, indemnify, defend and hold administrator or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified, or otherwise in compliance with ERISA, the IRC, or any other applicable federal, state or local laws. I also understand and agree that the administrator will not be responsible to take any action should there be any default with regard to this investment.

I am directing the Administrator and/or Custodian to complete this transaction as specified above. I confirm that the decision to pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator and/or Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Payment Authorization Letter is found to be illegal, invalid, void, or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect. For purposes of this Payment Authorization Letter, the terms Administrator and/or Custodian include Mountain West IRA, Inc., its agents, assigns, joint ventures, licensees, franchisees, affiliates, and/or business partners. I declare that I have examined this document, including accompanying information and to the best of my knowledge and belief, it is true, correct, and complete.

Transactions with insufficient funds will not be processed until sufficient funds are received. If fees are being deducted from your account, the full amount of the transaction plus fees must be available before the transaction will be processed.

Signature*: Date*:

Please read the disclosure above the signature line before signing and dating.

PAYMENT AUTHORIZATION LETTERS (PALs) FOR DEPOSITORY FEES DO NOT EXPIRE.