

Contact Center: (800) 248-8447 | [www.ForgeTrust.com](http://www.ForgeTrust.com)

**This form must be used to authorize purchase of BlueVault Precious Metals, include invoice/purchase order.**

**IMPORTANT: Asset documents must specify the following registration: "Forge Trust Co. CFBO: [Investor Name] [IRA Account No.] (Tax ID: 26-2627205)"**

Invoice My Fees: I elect to be invoiced any applicable fees to pay online, via credit card or ACH. I understand I have 5 days from when I am billed to make the online payment. If the invoice has not been paid, fees will be swept from available cash, and if cash is unavailable, my request will be canceled.

## 1. PERSONAL INFORMATION (\*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. INVESTMENT INSTRUCTIONS (Prior to releasing your funds we may contact you for verbal confirmation of these instructions.)

Please note we will retain enough cash to maintain your minimum required balance, and to cover any investment-related fees or any unpaid fees before sending your requested amount. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available.

Asset Name*
Asset Type*

### Contact Information

Name of Investment Sponsor/Managing Entity*	Address*	
Phone* XXX-XXX-XXXX	Fax Number (optional)	Email*

### Amount to Purchase

Invest exactly: _____
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## 3. FUNDING INSTRUCTIONS (Please indicate how funds from your account are to be sent (check or wire) for the purchase of the asset listed above.)

Send a WIRE. I have completed and attached a *WIRE REQUEST* form. I understand that an outgoing wire fee applies.

Send a CHECK using the following service:

Regular Mail

Overnight Mail (via FedEx) (overnight delivery fee + cost applies)

Charge cost of overnight delivery to:

FedEx Account #: \_\_\_\_\_

*If no account # is provided, it will be charged to your IRA account*

Payee Name & Address (must not be a bank address\*)

Payee Name

Address

City/State/Zip

*\*We no longer mail checks to bank addresses.*

#### 4. ACKNOWLEDGMENT, AUTHORIZATION & PARTICIPANT SIGNATURE

I hereby acknowledge that I am solely responsible for the investment instructions I am making. You acknowledge that Forge Trust Co. and its representatives do not provide tax, legal or investment advice; that the Account is self-directed; and that you assume full responsibility for this investment. Forge Trust Co. is not responsible for and do not guarantee the products, services or performance of any self-directed investment. You release and agree to indemnify and hold harmless Forge Trust Co., its divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns from liability for any adverse consequences that may result from this investment. I hold harmless, protect and indemnify the Custodian and Administrator from and against any and all liabilities, losses, damages, expenses and charges that the Custodian and Administrator may sustain or might sustain resulting directly or indirectly from my investment. By your signature below, you certify that the information and instructions provided, and the elections made by and through this investment instructions, are true and correct. I acknowledge that if I do not provide a notarized signature, Forge Trust Co. may contact me for verbal confirmation of my investment instructions, which may cause delays if I cannot be reached at the phone number provided in Section 1 of this form or any of my phone number(s) on record. I hereby authorize the purchase of the asset listed above for my Forge Trust Co. account. I confirm that this purchase does not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling, or illegal artifacts.

Account Owner's Signature

X

Date (MM/DD/YYYY)

Please sign and submit additional documents as required.

#### DELIVERY INSTRUCTIONS

**Email**

investments@ForgeTrust.com

**Fax**

(650) 745-2929

**Regular mail**

Forge Trust Co.  
PO Box 6850  
San Mateo, CA 94403

**Overnight mail**

Forge Trust Co.  
3050 S Delaware Street, Ste. 202  
San Mateo, CA 94403

Contact Center: (800) 248-8447 | [www.ForgeTrust.com](http://www.ForgeTrust.com)

This form is to be attached to the BlueVault Investment Authorization if you are requesting that we wire your funds.

## 1. PERSONAL INFORMATION (\*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:  Email  Primary Phone	First Name*	Middle Name	Last Name*
	Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
	Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. TRANSACTION TYPE

These wire instructions are for (select one):

An investment; I am submitting an Investment Authorization with this Wire Request form	A distribution; I am submitting a Distribution Request with this Wire Request form
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## 3. WIRE INSTRUCTIONS (Outgoing wire fee applies)

Please wire my funds to the following bank account (fields marked with an asterisk (\*) are required):

Bank Name*			
Bank Address*			
Bank Phone Number*		Attention:	
ABA (wire routing number)*			
Account Name*			
Account Number*			
For Further Credit Account Name			
For Further Credit Account Number			

## 4. AUTHORIZATION

Participant Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

Please include this form with your Investment Authorization, Distribution Request or RMD Cash Distribution form.

### For Investment wires:

**Fax** (650) 745-2929

**Email** [investments@ForgeTrust.com](mailto:investments@ForgeTrust.com)

### For Distribution wires:

**Fax** (650) 745-1403

**Email** [distributions@ForgeTrust.com](mailto:distributions@ForgeTrust.com)

### Regular mail

Forge Trust Co.

PO Box 6850

San Mateo, CA 94403

### Overnight mail

Forge Trust Co.

3050 S Delaware Street, Ste. 202

San Mateo, CA 94403

Contact Center: (800) 248-8447 | [www.ForgeTrust.com](http://www.ForgeTrust.com)

## 1. PERSONAL INFORMATION (\*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. TYPE OF DISTRIBUTION

I authorize Forge Trust Co. to withdraw the specified funds from my custodial cash account and send a check for the net amount to the payee indicated below. I acknowledge that this authorization is for payment of expenses related to assets held in my IRA account and that this payment does not constitute a prohibited transaction.

## 3. PAYMENT INFORMATION

A bill or invoice MUST be attached to this form.

Make Check Payable To			
C/O or Attn			
Address			
City	State/Province	Zip/Postal Code	Country
Description of Payment			
Asset Name			

## 4. AMOUNT AND FREQUENCY OF PAYMENT

Pay the following net amount to the payee above\*: \$ \_\_\_\_\_

## 5. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

I acknowledge that: (1) this expense payment request is provided to the Custodian under the Custodial Agreement between myself and the Custodian to pay for expenses related to assets held within my IRA account, (2) this payment is authorized under the provisions of the Custodial Agreement and IRS Regulations and does not constitute a prohibited transaction, (3) the Custodian will execute this request only if there are sufficient cash funds available in my account, (4) the request must be provided, in writing, to the Custodian sufficiently in advance of the payment date so that the Custodian can process it in the normal course of business, (5) without limitation I, indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt date by payee of this payment, and (6) a facsimile or other form of this request may be submitted if acceptable to the Custodian. **I further acknowledge that if I do not provide a notarized signature, Forge Trust Co. may contact me for verbal confirmation of my expense payment instructions, which may cause delays if I cannot be reached at the phone number provided in Section 1 of this form or any of my phone number(s) on record.**

Account Owner's Signature 	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

**Email**  
expenses@ForgeTrust.com

**Fax**  
(650) 745-2795

**Regular mail**  
Forge Trust Co.  
PO Box 6850  
San Mateo, CA 94403

**Overnight mail**  
Forge Trust Co.  
3050 S Delaware Street, Ste. 202  
San Mateo, CA 94403