FIDELITRADE INCORPORATED

Precious Metals Account Opening Form

Account Title

Owner | Occupation | Social Security / Tax ID Number

Co-Owner | Occupation | Social Security / Tax ID Number

Street Address

City | State / Province | Postal Code

Country | Telephone (Day) | Telephone (Evening)

Fax | E-Mail

Type of Ownership (check only one)

☐ Individual ☐ Joint Tenants WROS ☐ Uniform Gift to Minors

☐ Totten Trust -- Payable on Death (complete Beneficiary information below)

Beneficiary's Name

Address

City | State / Province | Postal Code | Country

Tax Certification

The Taxpayer Identification Number provided on this form for the Internal Revenue Service (IRS) is my (or the payee's) correct number, AND I am (the payee is) not subject to back-up withholding either because the IRS has not notified me that I am (the payee is) subject to back-up withholding as a result of a failure to report all interest or dividends; OR the IRS has notified me that I am (the payee is) no longer subject to back-up withholding;

OR ☐ I am (the payee is) subject to back-up withholding.

Account Agreement

I have read and agree to the Terms and Conditions as set forth in the Precious Metals Account Agreement.

Owner | Date | Co-Owner | Date

R1/04

FIDELITRADE INCORPORATED

Accumulation Plan Enrollment Form
(Bulk Custody Service)

Account Title

Owner

Co-Owner

Street Address

City | State / Province | Postal Code

Country | Telephone (Day) | Telephone (Evening)

Fax | E-Mail

Purchase Information

I wish to participate in the FideliTrade Accumulation Plan and periodically invest the dollar amount designated below on: (Check only one)

- ☐ the 1st business day of every month;
- ☐ the 13th business day of every month;
- ☐ the 1st and 13th business days of every month.

GOLD	SILVER	PLATINUM	PALLADIUM
$	$	$	$

Minimum Investment Amount $100.00 Per Metal Type

Payment By Credit Card

Please debit my credit card: (Check only one)

☐ VISA ☐ MasterCard ☐ Discover

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date:____/____
Month Year

Payment By Direct Debit of Bank Account

Please debit my: (Check only one)

☐ Checking account #: ☐ Savings account #:

Financial Institution Name | Routing / ABA #

Financial Institution Address

Depositor(s) Name (as shown on financial institution record)

I hereby authorize and request FideliTrade Incorporated (FideliTrade) to pay amounts owing by me by initiating debit entries to the above account. I may terminate this agreement at any time by written notice to FideliTrade, however, such notice shall only be effective after it is received by FideliTrade and after a reasonable opportunity for FideliTrade to act upon such notice.

Owner | Date | Co-Owner | Date

FIDELITRADE INCORPORATED, 3601 North Market Street, Wilmington, Delaware 19802
Telephone: (800) 223-1080 www.fidelitrade.com Fax: (302) 762-7570