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PRECIOUS METAL RETIREMENT ACCOUNT SETUP

ACCOUNT HOLDER		
Name Address City / State / Zip	Phone #	DOB
DESIGNATION OF BENEFICIARIES		
Name Address City / State / Zip Relationship CURRENT CUSTODIAN'S INFORMATION	Phone # Email	DOB
Name Address City / State / Zip	Phone #	
ASSET LIQUIDATION INSTRUCTIONS Account Description	Quantity in Account	Quantity to be Transferred
This will □, will not □ close my current Retirement Plan		
OFFICIAL USE ONLY Account Representative	Account Number	
COMPLETION OF THIS FORM GUARANTEES ACCOUNT SETUP.		
Signature		