

VIP Services: (888) 855-9856 | info@trustprovident.com
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1 Account Owner Information

Title	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number		Account Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

Section 2 Processing Options

If you would like expedited processing, please select one of the options below. If no option is selected, "Normal Processing" will apply. Processing fees will be paid from the cash available in your account unless you indicate otherwise. See current Fee Schedule for applicable fees.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.

- Normal Processing**
Processed within three business days.
- Next-Day Service**
Processed by 4 p.m. PST next business day.
- Same-Day Service**
Processed within the same day.
- I elect to pay the fees related to this transaction with the credit card I have on file. (If you do **NOT** have a credit card on file, please add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)

Section 3 Action to Take

Please select and complete one of the options below. Additional fees may apply. See current Fee Schedule for applicable fees.

- Option 1**
 IRS Form 990-T Submission File/Make Federal UBIT Payment in the amount of \$
- Option 2**
 Sell the following asset (documentation attached) Pay off the following asset
- | | |
|----------------------|----------------------|
| Asset Name | CUSIP ID |
| <input type="text"/> | <input type="text"/> |
| Asset Name | CUSIP ID |
| <input type="text"/> | <input type="text"/> |
- Option 3**
 Extend the Terms of a Loan (documentation attached)
- | | |
|----------------------|----------------------|
| Borrower Name | Original Amount |
| <input type="text"/> | <input type="text"/> |
- Option 4**
 Create an EIN for my IRA. See the current Fee Schedule for applicable fees.
 Completed IRS Form SS-4, Application for Employer Identification Number, must be attached.
 The Custodian will file for an EIN with the information provided on the attached IRS Form SS-4. The Custodian is not responsible for reviewing the information submitted on IRS Form SS-4.
- Option 5**
 Execute and Deliver Documents
- | | |
|----------------------|----------------------|
| Asset Name | CUSIP ID |
| <input type="text"/> | <input type="text"/> |

Section 4

Document Handling and Delivery Information

Sign the document(s) listed below. Documents submitted for signature must be related to an existing asset in your account. Each document that requires signing must be listed individually, by name below. If additional space is needed, please list on a separate sheet titled Appendix A. Your account is considered the legal owner of your investment. As such, all documents must reflect this ownership. Failure to title the asset correctly may cause delays and/or tax consequences. The correct titling for all investment documents should be as follows:

Provident Trust Group, LLC FBO: [your name and account type]

Example: Provident Trust Group, LLC FBO: John Doe Roth IRA

Document 1

Document 2

Document 3

Document 4

A copy of the signed documents will be scanned and emailed to you and the individual listed below in accordance with our document handling policy. Please refer to the Investment Documentation section of your account's Custodial Agreement and Disclosures for more information about how documents are stored at the Custodian. *(Sent via Priority Mail if no label is provided. See current Fee Schedule for applicable fees.)*

Document Handling

A copy of the signed investment documents will be scanned and emailed to you in accordance with our document handling policy. Please refer to the Investment Documentation section of your account's Custodial Agreement and Disclosures for more information about how we store your documents. If you would like us to mail the original documents listed above to you or a third party, please indicate so below.

I would like to mail the documents listed above to the following individual/address. *See current Fee Schedule for applicable fees.*

Attention to

Email

Address

City

State

Zip

Additional Instructions/Notes

Section 5

Account Owner Agreement and Authorization

Important: Please read before signing

My account is self-directed and I, alone, am responsible for the selection, due diligence, management, review, and retention of all investments in my account. I agree that the Custodian is not a "fiduciary" for my account, as the term is defined in the Internal Revenue Code, ERISA or any other applicable federal, state or local laws. I understand and acknowledge that by directing the Custodian to execute any investment documents on behalf of my account, any obligations, declarations, duties, responsibilities, or liabilities contained in such investment documents strictly pertain to me, as the account owner, and shall not apply to the Custodian in any capacity, as the Custodian is solely the passive, directed custodian for my account and acts only pursuant to my written instruction. I acknowledge and confirm that I have received, read and understand each of the disclosures for my account(s) and direction(s) of investment, and consent and agree to the terms and condition contained therein.

By signing below, I hereby direct the Custodian, in its passive capacity, to enact this transaction for my account by signing on behalf of my account where indicated in the investment documents and hereby release, indemnify, and agree to hold harmless and defend the Custodian in the event that this transaction violates any federal or state law or regulation, results in litigation, or otherwise results in a disqualification, penalty, fine, or tax imposed upon me, my account, or the Custodian. Please note that we are unable to process the *Authorization to Take Action* Form containing electronic signatures of any kind.

X

Account Owner Signature

Account Owner Name *(Please type or print)*

Date



Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Email to: investments@trustprovident.com

Fax to: (702) 253-7565