



**WESLEYAN INVESTMENT
FOUNDATION**

On behalf of our entire team at Wesleyan Investment Foundation (WIF), thank you for your interest in opening an Individual Retirement Account (IRA). We are excited for the opportunity to serve you!

WIF is a non-profit corporation that exists to help resource churches by financing their unique visions to reach communities for Christ. Our sole purpose is to provide loans to local churches and church related organizations. Your IRA investment in WIF will be funded by and earn the same rate of return as our regular WIF investment accounts.

The interest in each IRA account accrues daily and is compounded semi-annually, on June 30th and December 31st. All statements and correspondence will be provided through our third-party partner custodian, Gold Star Trust Company.

To open your IRA, please complete the enclosed forms and submit them by email to csinfo@wifonline.com, fax to 1 (317) 774-7321 or mail to Wesleyan Investment Foundation at PO Box 7250, Fishers, IN 46038.

GoldStar will charge an enrollment fee and bills an annual maintenance fee to the IRA account holder thereafter. **WIF will pay the initial enrollment fee on your behalf and will pay all annual maintenance fees for each GoldStar IRA account invested exclusively in WIF.** If an investor terminates an IRA there will be a termination fee charged by Gold Star and a \$50 fee assessed by WIF.

If you have specific questions regarding the rules and regulations for contributions and withdrawals please consult with your financial and or tax advisor or visit: <https://www.irs.gov/retirement-plans/individual-retirement-arrangements-iras>.

Our team will be glad to answer any questions between 8:00AM – 4:30PM EST on Monday – Friday and can be reached at (317) 774-7300.

Thank you! I hope you have a blessed day.

Sincerely,

Isaac G. Hess
Senior Account Manager

/sgh
Enclosures



HOW TO ENROLL IN ONLINE ACCESS FOR YOUR IRA

What is online account access for your GoldStar IRA?

This allows you to securely view your IRA account and obtain account statements online.

When do you enroll for online access?

After you receive your Welcome Letter in the mail from GoldStar.

Existing Users Sign up for Electronic Delivery of Statements

- ✓ Go to <https://www.goldstartrust.com/>
- ✓ Click on **“ACCESS YOUR ACCOUNT”** on the top right-hand corner
- ✓ When an “ACCOUNT LOGIN” box pops up please click **“CONTINUE”**
- ✓ **Check the box** “I am using a private machine” or “I am using a public machine”
- ✓ Enter your Username and Password
- ✓ Click **“Log On”**
- ✓ Go to Profile in the upper right-hand corner
- ✓ Create a Security Phrase
- ✓ Select Statement Delivery option
- ✓ Scroll to accept e-disclosure

First Time Users Sign up for Electronic Delivery of Statements

- ✓ Go to <https://www.goldstartrust.com/>
- ✓ Click on **“ACCESS YOUR ACCOUNT”** on the top right-hand corner
- ✓ When an “ACCOUNT LOGIN” box pops up please click **“CONTINUE”**
- ✓ **Click on the word “Register”** toward the middle of the webpage where it states “New user?”
- ✓ Follow the prompts for your personal information
- ✓ Follow the prompts for E-Statement election

Questions? Please call GoldStar Trust Company at (800) 486-6888 and they will be glad to assist you!



ACCOUNT OPENING GUIDE

COMPLETE THE APPLICATION → FUND YOUR ACCOUNT → DIRECT YOUR INVESTMENT

STEP 1



STEP 2



STEP 3



STEP 1. COMPLETE THE APPLICATION

- ACCOUNT APPLICATION** - All new accounts must provide us with either the driver's license information; a photocopy of unexpired, photo-bearing government-issued identification; or a notarized document.
- ACCOUNT FEES** - Account opening fees are due when the account is established. Any outstanding fees will be deducted from the available cash balance prior to initial asset purchase. Please see the enclosed Fee Schedule.
- ACCOUNT DISCLOSURES** - Keep and store for future reference.

STEP 2. FUND YOUR ACCOUNT

- DIRECT TRANSFER** - Please complete the IRA Transfer Request form, and submit a recent statement.
- ROLLOVER**
 - Previous employers qualified retirement plan (*401k, 401a, 403b, government 457b*) - Contact the plan administrator to obtain necessary forms.
 - Rollover from another IRA account - Complete Rollover Certification form.
- ANNUAL CONTRIBUTION** - Contribution must be within the IRS annual limits. Include tax year on the memo line of check.

STEP 3. DIRECT YOUR INVESTMENT

- SIGNED INVESTMENT DIRECTION FORM** - Located in the forms section of website.
- ADDITIONAL PURCHASE DOCUMENTATION** (*if required*) - Subscription Agreement, Promissory Note, etc. The additional purchase documentation is obtained from your asset sponsor.

SUBMIT YOUR FORMS

Verify all information and submit using one of the following methods:

Email:
forms@goldstartrust.com

Mail:
GoldStar Trust Company
P.O. Box 719
Canyon, TX 79015

Overnight:
GoldStar Trust Company
1401 4th Avenue
Canyon, TX 79015

Fax:
(806) 655-2490

NOTE: Make all checks payable to GoldStar Trust FBO "client's name".



PART 1. IRA OWNER

Name _____ / _____ / _____
Physical Address _____
City _____ State _____ Zip _____
Mailing Address _____
City _____ State _____ Zip _____
Social Security No. _____ Date of Birth _____
Email Address _____
Phone _____

PART 2. IRA CUSTODIAN

Name _____ GoldStar Trust Company
Address 1 _____ P.O. Box 719 (Mailing)
Address 2 _____ 1401 4th Ave. (Street)
City/State/Zip _____ Canyon, TX 79015
Phone _____ 800-486-6888

GoldStar Account Number *(To be completed below by GTC)*

PART 3. IRA TYPE

What type of IRA are you opening? *(Must select one)*

Traditional Roth SEP *(IRS Form 5305-SEP is required)*

An inherited IRA Owner is a beneficiary who is entitled to receive distributions from the original owner's account.

Check if applicable and complete the original owner's information below.

Inherited IRA Inherited Roth IRA

Deceased Owner's Name _____ Deceased Owner's Date of Birth _____
Deceased Owner's Social Security No. _____ Deceased Owner's Date of Death _____

PART 4. CUSTOMER IDENTIFICATION PROGRAM INFORMATION (CIP)

USA PATRIOT Act Notice: In order to comply with the USA PATRIOT Act, we must be able to identify our customer. All new accounts must provide us with either the driver's license information; a photocopy of an unexpired, photo-bearing, government-issued identification, such as a passport, military, veteran or similar ID; or a notarized document.

Driver's License No. _____ State Issued _____
Issuance Date _____ Expiration Date _____

If you do not have a valid state-issued driver's license, you must provide a legible photocopy of a valid government-issued photo ID or a notarized document.

If a non-person *(i.e. estate, trust, etc.)* is the account owner of the Inherited IRA the above information is required from the person who is legally authorized to act upon the account *(i.e. Executor, Trustee, etc.)*

PART 5. REFERRAL INFORMATION

I was referred to GoldStar Trust Company by the organization/individual referenced here: _____



Name of IRA Owner _____ Account Number _____

PART 6. ACCOUNT FUNDING

Initial funding of this IRA will come from:

- Direct Transfer from another IRA
 - Complete the **IRA Transfer Request** form and attach copy of recent statement.
- Rollover from a previous employer's qualified retirement plan (*i.e., 401(k), 401(a), 403(b), governmental 457(b)*)
 - Contact the plan administrator to obtain the necessary forms.
 - By selecting this transaction, I irrevocably designate this contribution as a rollover.
- Rollover from another IRA account
 - Complete the **IRA Rollover Certification** form to certify the rollover.
- Annual Contribution
 - Traditional or Roth IRA Contribution for tax year 20____: \$_____ (Prior year contribution allowed before tax filing deadline, typically April 15th.)
 - SEP Contribution of \$_____ (Reported for the tax year in which received)
- Recharacterization or Roth Conversion
 - Complete the **Recharacterization Request** form or **Roth IRA Direct Conversion Request** form.

PART 7. INVESTMENT OPTION

- Alternative Investments (*LLC, LP, C-Corp*) Church Bonds
- Precious Metals Other _____

PART 8. SPOUSAL CONSENT

Spousal consent should be considered if either the trust or the residence of the IRA owner is located in a community or marital property state.

CURRENT MARITAL STATUS

- I AM NOT MARRIED - I understand that if I become married in the future, I should review the requirements for spousal consent.
- I AM MARRIED - I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

CONSENT OF SPOUSE: I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this IRA and consent to the beneficiary designation indicated below. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

X _____
Signature of Spouse Date (mm/dd/yyyy)



Name of IRA Owner _____ Account Number _____

PART 9. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

PRIMARY BENEFICIARIES: *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA.)*

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Date of Birth _____ Relationship _____	Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____	Tax ID (SSN/TIN) _____ Percent Designated _____
Phone/Email _____	Phone/Email _____

CONTINGENT BENEFICIARIES: *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)*

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Date of Birth _____ Relationship _____	Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____	Tax ID (SSN/TIN) _____ Percent Designated _____
Phone/Email _____	Phone/Email _____

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this IRA _____

PART 10. SIGNATURES - PLEASE READ BEFORE SIGNING

IMPORTANT: I understand the eligibility requirements for the type of IRA contribution I am making, and I state that I do qualify to make the contribution. I have received a copy of the IRA Application, the 5305-A (Traditional and SEP) or the 5305-RA (Roth) Custodial Account Agreement, the Financial Disclosure, and the Disclosure Statement. I understand that the terms and conditions that apply to this IRA are contained in this Application and the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the custodian. **I assume complete responsibility for:**

- determining that I am eligible for an IRA each year I make a contribution,
- ensuring that all contributions I make are within the limits set forth by the tax laws, and

I expressly certify that I take complete responsibility for the type of investment instrument(s) I choose to fund my IRA, and that the Custodian is released of any liability regarding the performance of any investment choice I make.

X _____
Signature of IRA Owner _____ Date (mm/dd/yyyy) _____

X _____
Signature of Custodian _____ Date (mm/dd/yyyy) _____



PART 1. GOLDSTAR ACCOUNT INFORMATION

Name(s) _____ GoldStar Account No. _____

PART 2. REQUIRED DIRECTIONS FOR MUTUAL FUNDS

This agreement should be completed only if you wish your financial advisor, broker, financial planner, or other person of your choice to be authorized as your Account Representative.

- Appoint New:** I hereby instruct GoldStar Trust Company, to share my account information with the Representative/Dealer designated below.
- Revoke and Replace:** I hereby revoke any and all prior Representative/Dealer designations and instruct GoldStar Trust Company, to share my account information with the Representative/Dealer designated below.
- Revoke:** I hereby revoke any and all prior Representative/Dealer designations and elect not to have a Representative/Dealer designated on the above referenced account at this time.

Completion of this form will authorize GoldStar Trust Company ("GoldStar"), as custodian for your account, to do the following:

- Provide your Account Representative with unlimited internet access to your account information.
- Provide your Account Representative with an account statement, deposit confirmations and such other information as requested.

Name _____ Representative No. _____
 Firm Name _____ Branch ID _____
 Email Address _____ Phone No. _____

I further acknowledge that:

1. I understand that my Account Representative is my authorized agent and is not in any way an agent, employee, or representative of GoldStar.
2. I understand that my Account Representative may be a registered representative of a broker dealer organization, a financial advisor or other person that I deem acceptable.
3. I agree that it is my responsibility to authorize and initiate transactions for my account. GoldStar is instructed to make or receive payment for securities transactions, as indicated by Subscription Agreements, directions or instructions I have signed.
4. I understand that I may replace my Account Representative by giving written notice to GoldStar and that removing my Account Representative will not cancel any instructions given by the Account Representative before GoldStar received written notice that a new Account Representative has been designated.
5. I understand that if my Account Representative should leave the company or organization (also designated herein as my broker dealer), the broker dealer of record will remain on my account unless I change this designation by written notice to GoldStar.
6. I agree to indemnify and hold GoldStar harmless for any loss or breach of any kind because GoldStar acted in reliance on instructions from me, my Account Representative, his or her agent(s) or his or her broker dealer.
7. I understand that GoldStar has not made and will not make any recommendation or investigation with respect to my Representative. I understand that by appointing a financial advisor, broker, financial planner or other person as a Designated Representative to my individual retirement account, that this person is authorized to give investment directions on my behalf to GoldStar.

This agreement shall be interpreted and construed under the laws of the State of Texas, without regard to conflict of law principles.

PART 3. CUSTOMER(S) SIGNATURE

I attest by my signature below, that I understand and agree to the terms of this Account Representative Form and that I choose the person listed above as the Account Representative on my GoldStar account.

X _____ Date (mm/dd/yyyy)
Authorized Signature (Account Holder, Custodian, or Trustee)

X _____ Date (mm/dd/yyyy)
Secondary Authorized Signature (Joint Account Holder, if any)



PART 1. GOLDSTAR ACCOUNT INFORMATION

Name(s) _____ GoldStar Account No. _____

PART 2. INTERESTED PARTY DESIGNATION

Please complete the information below to authorize any individual to receive information about your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account.

I, the undersigned Account Holder, hereby give the individual herein view only access of my account with GoldStar Trust Company ("GoldStar") by way of email, fax, phone and online access.

Interested Party Information

Name _____ Firm Name (if applicable) _____

Email Address (required for online access) _____

I understand that I have the option to designate or remove an Interested Party on my account at any time. The Interested Party may be any person or firm I choose and will have access to:

1. Receive requested copies of correspondence related to my account with GoldStar Trust Company, including, but not limited to, my account statement
2. View my account online
3. Discuss my account with GoldStar Trust Company
4. Have unlimited access to information regarding my account with GoldStar Trust Company

I understand that it is my responsibility to provide written instructions to GoldStar, by submitting a letter of instruction, to revoke my prior Interested Party designation. I understand that my Interested Party designation will cease upon my death. I, and not GoldStar, shall be liable for the acts and omissions of my designated interested party. I agree to be bound by the actions of my designated interested party.

PART 3. CUSTOMER(S) SIGNATURE

X _____ Date (mm/dd/yyyy) _____
Authorized Signature (Account Holder, Custodian, or Trustee)

X _____ Date (mm/dd/yyyy) _____
Secondary Authorized Signature (Joint Account Holder, if any)

GOLDSTAR TRUST COMPANY

P.O. Box 719 * Canyon, TX 79015
800-486-6888 * 806-655-2490 (fax)



WESLEYAN INVESTMENT FOUNDATION

P.O. Box 7250 * Fishers, IN 46038
317-774-7300

IRA INVESTMENT DIRECTION

Please select an investment option. 100% of all contributions will be directed to this investment option.

Wesleyan Investment Foundation 100%

1. Participant represents, warrants and agrees that:
 - (a.) Participant has received an Offering Circular describing the Investments of Wesleyan Investment Foundation, Inc. (“WIF”).
 - (b.) Participant is purchasing the Investments either (i) solely for his/her own account and not for the account of any other person or organization, or (ii) in his/her capacity as a duly authorized trustee or other fiduciary with full power and authority to make investment decisions on behalf of a trust.
 - (c.) Participant has such knowledge and experience in financial and business or will consult with a qualified professional investment advisor that will ensure that Participant is capable of evaluating the merits and risks of an investment in the Investments, and ensure that Participant is capable of making an informed decision with respect to an investment in the Investments.
2. Participant acknowledges the following:
 - (a.) WIF is not registered as an investment company or investment advisor under federal or state securities laws, or as a broker or dealer under the federal securities laws or the securities laws of most states, and the offering of the Investments has not been registered under federal securities laws or the securities laws of certain states, in reliance upon applicable exclusions or exemptions from such laws. Participant’s failure to comply with this Agreement could jeopardize the availability of these exemptions.
 - (b.) Investments are unsecured, general debt obligations of WIF.
 - (c.) The payment of principal and interest on the Investments is dependent upon loan repayments to WIF which in turn is dependent in large part upon the future charitable giving of members of churches receiving loans from WIF, and that the continuation of or extent of such income cannot be predicted with any certainty.
 - (d.) No federal or state agency has made any determination as to the fairness of the Investments, nor made any recommendation or endorsement of the Investments.
 - (e.) Participant has read the information disclosed in the “Risk Factors” section of the Offering Circular.
 - (f.) The purchase of Investments with WIF is subject to investment risks, including possible loss of the entire principal amount invested. Investments are unsecured, are payable by WIF, and are not guaranteed by The Wesleyan Church or any other person or entity.
 - (g.) We understand and agree that in directing you to complete this transaction, that the Custodian, GoldStar Trust Company, assumes or incurs no liability as to the authenticity of the asset purchased, the appropriateness or worthiness of the investment, or otherwise. The Custodian’s only responsibility is to determine if what is purchased agrees with the direction of this investment authorization and my agent’s confirmation (if any). We have made our own investigation of the risks involved in making this investment and we understand those risks. We do indemnify and hold forever harmless GoldStar Trust Company, its officers, employees, directors, successors and assigns, of and from any claim, which may arise or result from purchase of the investment authorized hereby.

SIGNATURE

Printed Name: _____

SS#: _____

IRA Holder Signature: _____

Date: _____

This form will not be valid without a live signature.



IMPORTANT! CONTACT YOUR CURRENT PLAN ADMINISTRATOR TO SEE IF THEY REQUIRE THEIR OWN PAPERWORK

GOLDSTAR IRA ACCOUNT OWNER

Name: _____ SS #: _____ Date of Birth: _____
Address: _____ Daytime Phone #: _____
E-mail: _____

CURRENT IRA OR QUALIFIED PLAN INFORMATION

Please provide a copy of a recent statement from your current IRA custodian or employer retirement plan.

Custodian's Name: _____ Account #: _____
Custodian's Address (physical if overnight): _____
City, State, & Zip _____ Phone #: _____

Type of existing IRA or Qualified Plan to be transferred or rolled over: (please choose one)

Traditional SEP IRA 401K 403(b) Pension Gov. 457 Plan Simple Other _____

ASSET LIQUIDATION INSTRUCTIONS

Asset Description	Quantity in IRA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In-Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECT ONE: Close my current account after transfer **OR** Partial transfer

SELECT ONE: Wire my funds to GoldStar Trust Company. I acknowledge that a wire fee may be charged by my current custodian.
 Send a check payable to GoldStar Trust Company (for the benefit of my IRA).

RMD - REQUIRED MINIMUM DISTRIBUTION RESTRICTION (AGE 70 1/2 OR OLDER ONLY)

I authorize the trustee or custodian named above to: distribute my RMD to me prior to transferring my Traditional or SEP IRA assets,
 segregate and retain my RMD amount or include the amount that represents my RMD in the transfer. *Effective 1-1-2010*

THIS BOX FOR INTERNAL USE ONLY

GoldStar Trust Company agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

GoldStar Account Identification # _____

GoldStar Trust Company
Tax ID# 74-2557688

Authorized Signature for GoldStar *Date*

SIGNATURE GUARANTEE: Check with your current custodian to determine if a Medallion Stamp Guarantee is required. This is NOT a requirement of GoldStar Trust Company.

CUSTOMER SIGNATURE

Transfers Only:

I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by GoldStar Trust Company.

Direct Rollovers Only:

I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold GoldStar Trust Company or the Plan Administrator of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

X _____
Account Holder's Signature *Date*



PART 1. GOLDSTAR ACCOUNT INFORMATION

Name _____ Account No. _____

PART 2. BANK INFORMATION

Bank Name _____ Bank Phone _____

Bank Address _____

City/State/Zip _____

Name(s) on Bank Account _____

Routing/ABA No. *(must be 9 digits in length)* _____

Bank Account No. _____ Check here for Savings Account

PART 3. BANK DRAFT INSTRUCTIONS

Enter the amount to debit from your bank account: \$ _____

Rollover *(By selecting this transaction, I irrevocably designate this contribution as a rollover.)*

Contribution Year _____

NOTE: Prior year contribution allowed before tax filing deadline, typically April 15th. If Contribution Year left blank, defaults to current year contribution.

A FEE OF \$50 WILL BE CHARGED FOR INSUFFICIENT FUNDS.

PART 4. ACKNOWLEDGMENT AND SIGNATURE

I hereby authorize GoldStar Trust Company to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account at the bank named above. I authorize the bank to accept any such debits or credits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request.

X _____
Signature of Account Holder

_____ Date (mm/dd/yyyy)



PART 1. GOLDSTAR ACCOUNT INFORMATION

Name(s) _____ Account No. _____

PART 2. DRAFT INSTRUCTIONS

Draft Amount \$ _____

Draft Date: *(You may select multiple dates.)* 1st 17th 20th 26th

Your account will be debited monthly on the chosen date(s) or the next business day if a weekend or bank holiday. If multiple dates are selected, multiple drafts will take place within the same month.

A FEE OF \$50 WILL BE CHARGED FOR INSUFFICIENT FUNDS.

PART 3. BANK INFORMATION

Bank Name _____

Bank Address _____

City/State/Zip _____

Bank Phone No. _____

Name on Bank Account _____

Routing/ABA No. *(must be 9 digits in length)* _____

Bank Account No. _____

Please allow 1-2 business days for the establishment of this request.

I understand the recurring bank draft for my IRA is a contribution and it will be recorded for the tax year in which it is received.

PART 4. SIGNATURE

I hereby authorize GoldStar Trust Company to initiate debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the bank named above. Such debit entries shall be made on or after the chosen draft date(s) (1st, 17th, 20th or 26th). I authorize the bank to accept any such debits or credits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

X _____ Date *(mm/dd/yyyy)* _____
Signature of Account Holder

X _____ Date *(mm/dd/yyyy)* _____
Signature of Secondary Account Holder



NOTARY PUBLIC - ONLY IF APPLICABLE

If the name on your bank account is not identical to the name on your GoldStar account(s), you must have your form notarized. If your name is listed on a joint bank account, a Notary is not necessary. If a Notary Public is necessary and you do not provide one, GoldStar cannot establish this option on your account.

Sworn to and subscribed before me on: _____, 20 ____

Notary Public: _____

My Commission Expires: _____

Place Notary Seal Here



PART 1. GOLDSTAR ACCOUNT OWNER

Name(s) _____

Account Number _____

Phone Number _____

Email Address _____

- Set Up New Periodic
- Update Current Periodic
- Cancellation

PART 2. DISTRIBUTION INSTRUCTIONS - SELECT ONE OF THE OPTIONS BASED ON ACCOUNT TYPE

TRADITIONAL, SEP, OR SIMPLE IRA DISTRIBUTION REASON

I direct the Custodian to make a distribution from my IRA for the following reason:

- Normal Distribution (Age 59 ½ or older)
- Early Distribution (Under age 59 ½)
- Disability Distribution (A Physician's statement stating you meet the IRS definition of disability is required)
- Death Distribution by Beneficiary
- Substantially Equal Periodic Payments (72T) or IRS Levy
- Trustee to Trustee Transfer (Signed Letter of Acceptance and Delivery Instructions required) *\$50 per occurrence

ROTH DISTRIBUTION

I direct the Custodian to make a distribution from my ROTH IRA for the following reason:

- Qualified Distribution (Over 59 ½ and 5 year satisfied)
- Non-Qualified Distribution (Under age 59 ½ or over 59 1/2 and 5 year not satisfied)
- Disability Distribution (A Physician's statement stating you meet the IRS definition of disability is required)
- Death Distribution by Beneficiary
- Substantially Equal Periodic Payments (72T) or IRS Levy
- Trustee to Trustee Transfer (Signed Letter of Acceptance and Delivery Instructions required) *\$50 per occurrence

GAMMA DISTRIBUTION

I direct the Custodian to make a distribution from my Gamma for the following reason:

- Normal Distribution (Federal Withholding Not Available)

PART 3. AMOUNT AND METHOD OF RECURRING DISTRIBUTIONS - SELECT ONE IN EACH ROW

Amount: All available cash Fixed dollar amount \$ _____

Frequency: Monthly Quarterly

Distribution Date: (funds will be received within 1-2 business days) 1st 5th 15th 26th

Start Month: _____

If cash funds are not available at the time of distribution, your check or ACH will not be issued. Funds will be processed on the next distribution date. If your recurring distribution has not been successful in the past 12 months, your scheduled distribution will be deactivated.



PART 4. FEDERAL WITHHOLDING ELECTION

Withhold _____ % *(Must be 10% or greater)*
Withhold Additional Federal Income Tax of \$ _____ *(If applicable)*

Do Not Withhold Federal Income Tax

I understand that I am still liable for the payment of Federal Income Tax on the amount of any distributions received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payments rules if my payments of the estimated tax and withholding are insufficient.

**IF NO OPTION IS CHOSEN, 10% WILL BE WITHHELD FROM AVAILABLE CASH FOR FEDERAL INCOME TAX.
(NOT APPLICABLE FOR GAMMA)**

PART 5. DISTRIBUTION INSTRUCTIONS - SELECT ONE

- Check - \$5 Fee
- ACH - For Direct Deposit/ACH complete page 3
- Complete for an alternative name and/or address (Notary required) *Direct Rollovers are not eligible for periodic setup.*

IF NO OPTION IS CHOSEN AND ACH HAS NOT BEEN ESTABLISHED, WITHDRAWAL WILL BE SENT BY CHECK.

PART 6. SIGNATURES

I certify that I am the proper party to receive payment from this account and that all information provided by me is true and accurate. No tax advice has been given to me by the custodian. All decisions regarding these payments are my own. I assume responsibility for any consequences that may result from these payments and I agree that the custodian is not responsible for any consequences that may result from executing this request. I authorize the custodian to make payments as indicated on this form until instructed otherwise.

X _____ Date (mm/dd/yyyy)
Signature of Account Holder

X _____ Date (mm/dd/yyyy)
Signature of Secondary Account Holder

**A NOTARY STAMP IS REQUIRED IF FUNDS ARE SENT TO
AN ADDRESS OTHER THAN THE ADDRESS OF RECORD.**

Sworn to and subscribed before me on: _____, 20 _____

Notary Public: _____

My Commission Expires: _____

Place Notary Seal Here



COMPLETE THIS SECTION IF YOU ELECTED DIRECT DEPOSIT AND ACH IS NOT ALREADY ESTABLISHED

I have elected to have the selected distribution(s) directly deposited into my bank account. I understand that due to the ACH reporting limitations of most banks, a detailed summary of each payment sent to my bank may not be reported to me by my bank, and that I will obtain this information through the GoldStar website.

PART 7. BANK INFORMATION AND AUTHORIZATION

Bank Name _____
Bank Address _____
City/State/Zip _____
Bank Phone No. _____
Name on Bank Account _____
Routing/ABA No. (must be 9 digits in length) _____
Bank Account No. _____

I hereby authorize GoldStar Trust Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the bank named above. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

X _____ Date (mm/dd/yyyy) _____
Signature of Account Holder

X _____ Date (mm/dd/yyyy) _____
Signature of Secondary Account Holder

NOTARY PUBLIC - ONLY IF APPLICABLE

If the name on your bank account is not identical to the name on your GoldStar account(s), you must have your form notarized. If your name is listed on a joint bank account, a Notary is not necessary. If a Notary Public is necessary and you do not provide one, GoldStar cannot establish this option on your account.

Sworn to and subscribed before me on: _____, 20 _____

Notary Public: _____

My Commission Expires: _____

Place Notary Seal Here



GOLDSTAR TRUST COMPANY

DIRECT DEPOSIT / ACH AUTHORIZATION FORM

P.O. Box 719
Canyon, TX 79015
(800) 486-6888
Fax (806) 655-2490
info@goldstartrust.com

ACCOUNT HOLDER(S)

Name(s) _____ GoldStar Account # _____
_____ Social Security # _____
Address _____ Daytime Phone _____
_____ Email _____

PAYMENT ELECTION

I(We) make the following election to have the selected payment(s) direct deposited into my(our) checking account. I(We) understand that due to the ACH reporting limitations of most banks, a detailed summary of each payment sent to my(our) bank may not be reported to me(us) by my(our) bank, and that I(we) will obtain this information through the GoldStar website.

MARK ALL THAT APPLY: ALL BOND PRINCIPAL AND INTEREST PAYMENTS ALL IRA DISTRIBUTIONS

BANK INFORMATION

Bank Name: _____ Bank Phone: _____
Bank Address: _____
City: _____ State: _____ Zip: _____
Name on Bank Account: _____
Type of Account (select one): Checking Savings
Routing / ABA Number: _____ (must be 9 digits in length)
Account Number: _____

Note: It takes 5 business days from the day GoldStar receives your request to establish ACH service and electronically confirm the account with your bank.

I(We) hereby authorize GoldStar Trust Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my(our) account at the bank named above. I(We) authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me(us) at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

MEDALLION GUARANTEE – IF APPLICABLE

If the name(s) on your bank account are not identical to the name(s) on your GoldStar account(s), you must have your signature(s) guaranteed. If a signature guarantee is necessary and you do not provide one, GoldStar cannot establish this option on your account. You can obtain a signature guarantee from an authorized member of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee.

IMPORTANT: If you are required to obtain a signature guarantee (see right), do not sign below until you are in the presence of an authorized officer.

X _____
Account Holder Signature (account holder, custodian or trustee)
Date _____

X _____
Secondary Account Holder Signature (joint account holder)
Date _____

AUTHORIZED OFFICER TO PLACE STAMP HERE