Delaware Clearing Service 3601 N. Market Street Wilmington, Delaware 19802

FOR INTERNAL USE ON	LY
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REPRESENTATIVE: DATE RECEIVED:

DATE CONFIRMED:

DATE RECORDED: INITIALS:

## **Precious Metals Account Opening Form**

1. TYPE OF OWNERSHIP (CHECK ONE BOX ONLY)							
INDIVIDUAL (COMPLETE TRANFER ON DEATH FORM, IF APPLICABLE)				CORPORATION (COMPLETE RESOLUTION FORM)			
□ JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP (COMPLETE TRANFER ON DEATH FORM, IF APPLICABLE)				□ LIMITED LIABILITY COMPANY (COMPLETE RESOLUTION FORM)			
ESTATE (ATTACH LETTERS OF ADMINISTRATION [or LETTERS TESTAMENTARY] AND DEATH CERTIFICATE)				□ PARTNERSHIP (COMPLETE RESOLUTION FORM)			
□ TRUST (ATTACH TRUSTEE CERTIFICATION FORM)			□ SOLE PROPRIETORSHIP	□ SOLE PROPRIETORSHIP (COMPLETE RESOLUTION FORM)			
□ CUSTODIAN FOR MINOR (UTMA/UGMA) □ GUAR	DIANSHIP 🗌 CONSERVA	ATORSHIP	□ OTHER BUSINESS ORGANIZATION (COMPLETE RESOLUTION FORM)				
			SPECIFY TYPE OF ORGANIZATION:				
2. ACCOUNTHOLDER INFORMATION							
NAME OF ACCOUNTHOLDER	DATE OF BIRTH	SOCIAL	SECURITY/TAX ID #	OCCUPATION/SOURC	E OF FUNDS		
STREET ADDRESS OF PRIMARY RESIDENCE (no P.O. Box, ma	ail drop, or c/o)	CITY		STATE/PROVINCE	ZIP CODE		
MAILING ADDRESS, IF DIFFERENT (P.O. Box acceptable)		CITY		STATE/PROVINCE	ZIP CODE		
TELEPHONE NUMBER (Day) / (Evening)		EMAIL #	ADDRESS				
*FEDERAL LAW REQUIRES PRECIOUS METALS DEALERS TO REASONABLY IDEN	TIFY EACH INDIVIDUAL/ENTITY OPE	NING A NEW AC	COUNT				
3. ADDITIONAL ACCOUNTHOLDER INFORMATION							
CHECK ONE:  I JOINT TENANT CUSTODIAN		STRATOR	□ GUARDIAN □ CO	INSERVATOR			
NAME OF ACCOUNTHOLDER	DATE OF BIRTH	SOCIAL	SECURITY/TAX ID #	OCCUPATION/SOURC	CE OF FUNDS		
STREET ADDRESS OF PRIMARY RESIDENCE (no P.O. Box, ma	ail drop, or c/o)	CITY		STATE/PROVINCE	ZIP CODE		
TELEPHONE NUMBER	ONE NUMBER EMAIL		ADDRESS	DRESS			
MINOR/CONSERVATEE'S LEGAL NAME (IF APPLICABLE) DA	ATE OF BIRTH	PRIMAR	RY RESIDENCE				
4. METHODS OF WITHDRAWING FUNDS FROM AC	COUNT						
IPREFER TO WITHDRAW FUNDS FROM MY ACCOUNT BY T		 :.					
	CHECK MAILED TO MY MA						
WIRE TRANSFER – BANK NAME:							
ACCOUNT OWNER/NAME:			ACCOUNT #:				
5. SHIPPING PREFERENCE (IF NO SELECTION IS MADE, MET	FAL WILL BE SHIPPED TO PRIM	ARY RESIDENC	CE)				
SHIP BULLION TO:	MAILING ADDRESS						
6. SIGNATURE							
BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PI ARE CHANGES TO THE INFORMATION. I AM NOT SUBJECT					IRM IF THERE		
x			Print the name o	of your Independent Broker	Dealer.		
PRIMARY ACCOUNT HOLDER/TRUSTEE/CUSTODIAN/GU	ARDIAN	DATE	Firm:				
X			Representative:				
JOINT TENANT		DATE					

\*Your Independent Broker Dealer utilizes the clearing services of Delaware Clearing Service. Delaware Clearing Service executes and clears trades, and acts as a custodian of precious metals products on a fully disclosed basis for your Independent Broker Dealer. CC01-R180412