

Streamlined Metals New Account Instructions

Step 1	Complete application. Include a copy of your non-expired ID (Drivers License ~ Passport) Review for accuracy, sign and date.	Pages 1-3
Step 2	Fee Schedule: Review, Sign and Date	Page 4
Step 3	Funding forms one or all may apply below. Transfer Form: Use this form to transfer funds from an existing IRA with another Custodian. If transferring more than one account please submit a separate form for each account. Include a copy of your current IRA statement. Transfer form may require medallion signature. Sign and date. Rollover/Direct Rollover Form: Complete this form if you have taken a distribution from your previous IRA custodian or if you are rolling over funds from a previous employer plan. Make sure the rollover is completed within 60 days of distribution to avoid taxes or penalties. Sign and date. Deposit Coupon: Use this form to fund you account with a contribution. Sign and date.	Page 5-7
Step 4	Complete Precious Metals Directive and review acknowledgement. After your IRA account is funded your precious metals directive will be sent to the Dealer.	Page 8-10
Step 5	Complete dealer account application and review terms and conditions. For a Streamlined Metals purchase the dealer is defaulted to Neptune Global Holdings for cost and processing reduction only and should not be taken as a recommendation.	Page 11-12
Step 6	Review all forms for accuracy and completeness. Mail all forms to our address below.	

Contact our office with any questions you may have about our Streamlined Metals IRA or the above documents at 215.283.2868 or email us at operations@camaplan.com.



CamaPlan

Personalized Self Directed IRA Planning

Application Instructions

WHEN TO USE

Please use this form to open a Self Directed IRA account with CamaPlan.

INSTRUCTIONS

In order to process your Account Application, pertinent law requires us to determine your identity with reasonable certainty. Please include a legible copy of your Driver's License or Passport with your completed application. All information and the photo must be legible. A license copy magnified 200% is preferred. Also include a \$50 check payable to CamaPlan.

*Please check your current address: Does the address used on the application match the address shown on your driver's license or passport? If not, please provide supporting documentation (such as a utility bill reflecting your current residence).

Original signed documents are required.

HOW TO FILL OUT THE FORM

1. Participant Information

Legal Name: Account Owner's Name (must match SSN card)

Address: Home Address *check above*

Phone Number: Best phone number to be reached

Soc. Sec. No.: Soc. Sec. No

Marital Status: Married, Single or Divorced

Date of Birth: Your DOB

Email Address: To receive timely information and correspondence about your account it is important that a valid email address be supplied. This email address will also serve as verification for online access.

How did you hear about us? Assist us in our continuous marketing efforts by letting us know how you heard about CamaPlan. Be as specific as possible. Client referrals are rewarded.

What Asset Class are you investing in? In order to better serve your investment needs, indicate the asset class you will invest in (ex. Real Estate, Notes, Private Placements, Precious Metals, Tax Liens).

If you are uncertain visit our website for additional investment information and educational opportunities at our CAMA Academy.

2. Account Type

This section indicates what type of account you intend to establish with CAMA. Please feel free to contact one of our Account Managers for specific guidance.

3. Beneficiary Designation

This section indicates who will be entitled to the assets held in your account upon your death. Consent of your spouse may be required if your spouse is not named as the Primary Beneficiary in a community or marital property jurisdiction.

*Note: This beneficiary designation takes precedence over beneficiaries designated in your Will or Trust.

3a. Consent of Spouse

Signature of spouse

4. Method of Payment

This section indicates how you will pay the fees and charges associated with your account.

ACCOUNT SET UP FEE: Please enclose a \$50 check with your completed application for the one-time account set up fee. Fee checks are made payable to CamaPlan.

5. Interested Party Authorization

This section authorizes us to provide information pertaining to your account to a third party. We hold your account information as confidential and do not share it with others without your written permission. (See Section 6- Privacy Policy Statement.)

This includes your Spouse, Attorney, CPA, Financial Advisor, etc.

Review Sections 7, 8 & 9, then sign and date the Application where indicated.

Complete the Fee Agreement & Schedule of Charges

Select either Option A or B, print name, sign and date

PROCESSING TIME

NORMAL PROCESSING TIME IS 24 HOURS FROM THE TIME COMPLETE ORIGINAL APPLICATION & FEE AGREEMENT, COPY OF DRIVER'S LICENSE AND A CHECK FOR \$50 HAVE BEEN RECEIVED.



PRECIOUS METALS SELF-DIRECTED IRA APPLICATION & ADOPTION AGREEMENT

CamaPlan
512 East Township Line Road
5 Valley Square, Suite 200
Blue Bell, PA 19422
215.283.2868

1. PARTICIPANT INFORMATION

Legal Name: (must match SSN card)

Address:

City, State, Zip: Phone Number:

Mailing Address: (if different)

Soc. Sec. No.: Marital Status: Date of Birth:

Email Address: How did you hear about us? _____
 Friend/Family/Financial Professional Estor rou
 Internet Search Advertisement Social Media

What Asset Class are you investing in? Precious Metals

***PLEASE INCLUDE A LEGIBLE COPY OF YOUR CURRENT DRIVER'S LICENSE OR PASSPORT WITH APPLICATION**

2. ACCOUNT TYPE

Traditional IRA This is an Inherited IRA Account (Additional Documentation is required)
 Deceased's Name:

Roth IRA Conduit IRA - the intention of using this type of plan is to store assets until they
 are rolled into a new employer's Qualified Plan

SEP IRA Employer Name:

Simple IRA Employer Name:

3A. BENEFICIARY DESIGNATION

Name: Primary Contingent
 SSN: Date of Birth: Relationship: Share:

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 SSN: Date of Birth: Relationship: Share:

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 SSN: Date of Birth: Relationship: Share:

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiary(ies) survive me, the balance in the account shall be paid to the Contingent Beneficiary(ies) who survive me in equal shares (or in the specified shares, if indicated).

3B. CONSENT OF SPOUSE

I consent to the above Beneficiary Designation. Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse. **Disclaimer For Community and Marital Property States:** The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, Administrator and Custodian disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal and/or tax advisor.

Spouse's Signature: _____ Date: _____



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4. METHOD OF PAYMENT

A. If you choose to keep a credit card on file for fees and charges on your account complete section B

Minimum balance requirements can not be satisfied using a credit card - Refer to the Fee Schedule

B. Credit Card Authorization. (Please complete the following to authorize the fees and charges to be paid by credit card):

Name of Cardholder:

Card Number:

Expiration Date: Security Code:

Cardholder Billing Address:

5. INTERESTED PARTY AUTHORIZATION

I hereby authorize Administrator and Custodian identified below to provide the individual named herein access to information contained in my account. I understand that this authorization is for informational purposes only and that the named individual may not conduct transactions on my behalf. I understand that I may revoke this authorization by providing written notice to Administrator at any time.

Interested Party Name: Phone Number:

Address:

Fax Number: Email Address:

6. PRIVACY POLICY STATEMENT

CAMA Self-Directed IRA, LLC (CAMA) takes your privacy seriously. This privacy statement provides information about the personal information that CAMA collects, and the ways in which CAMA uses that personal information.

Collection of Personal Information. CAMA may collect and use the following kinds of personal information: information about your use of our website and forms; information that you provide for the purpose of applying for an account; information about transactions carried out utilizing our services; and any other information that you provide to CAMA.

Using Personal Information. CAMA may use your personal information to: open and administer your account; provide on-line access to your account; deliver products or services to you; send you statements and invoices; collect payments from you; and send you informative communications.

Where CAMA discloses your personal information to its principals, employees, agents or sub-contractors for these purposes, the given principal, employee, agent or sub-contractor shall be obligated to use that personal information in accordance with the terms of this privacy statement and applicable law. In addition to the disclosures reasonably necessary for the purposes identified elsewhere above, CAMA may disclose your personal information to the extent that it is required to do so by law, in connection with any legal proceedings or prospective legal proceedings, and in order to establish, exercise or defend its legal rights.

Securing your Personal Information. CAMA will take commercially reasonable technical and organizational measures to prevent the loss, misuse or alteration of your personal information and will store all the personal information you provide on its secure servers.

USA Patriot Act. To cooperate with the US Government's efforts to combat the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Accordingly, when you open an account with CAMA we will request your name, address, date of birth, driver's license/passport, and other information that will enable us to identify you with reasonable certainty.



ORIGINAL APPLICATION DOCUMENTS ARE REQUIRED

PRECIOUS METALS SELF-DIRECTED IRA APPLICATION & ADOPTION AGREEMENT

CamaPlan
512 East Township Line Road
5 Valley Square, Suite 200
Blue Bell, PA 19422
215.283.2868

7. ARBITRATION & VENUE

The parties hereto hereby agree that all claims and disputes of every type and nature between or among any or all of them, including but not limited to claims in contract, tort, common law or alleged statutory violations, shall be submitted to binding arbitration pursuant to all applicable rules of the American Arbitration Association. All proceedings will take place in Montgomery County, PA. Arbitration is final and binding on the parties. The parties hereto hereby waive their right to seek remedies in court, including the right to a jury trial. The parties signing below expressly waive any right they may have to institute or conduct litigation or arbitration in any other forum or location, or before any other body, whether individually, representatively or in any other capacity. In the event any party hereto commences an action to enforce or interpret any provision of this Agreement, the prevailing party therein shall recover from the non-prevailing party all costs and disbursements incurred therein, including reasonable attorneys' fees.

8. APPOINTMENT OF ADMINISTRATOR & CUSTODIAN

By execution of the instant Self-Directed IRA Application & Adoption Agreement, I, the Participant hereunder, hereby appoint CAMA Self-Directed IRA, LLC to act as Administrator ("Administrator") of my self-directed IRA account and I appoint Meridian Bank to act as Custodian for my account ("Custodian"). I understand and acknowledge that Administrator has entered into an administrative services agreement with Custodian under which Administrator is to provide administrative services for the Participant's IRA account, and to properly fulfill its duties as Administrator. Under the administrative services agreement, all communication between the Participant and the Custodian shall be handled through Administrator. Administrator may elect to satisfy the requirement under Section 408(a) of the Internal Revenue Code to serve as custodian of IRA accounts by forming an affiliated entity that is qualified to serve as custodian (the "trust entity"). Upon Administrator and/or its trust entity satisfying the requirements to serve as custodian of my account, then I appoint such entity as custodian of my account without further notice or action on my part. Administrator intends to enter into a similar administrative services agreement with any such trust entity and so will continue to serve as administrator of my account. I acknowledge and agree that this Account Application & Adoption Agreement and the pertinent Form 5305 (Custodial Account Agreement and Disclosure Statement), together with the Fee Agreement and Schedule of Charges and any other written instructions, in form and substance acceptable to Administrator and the Custodian, (all such documents being incorporated herein by this reference) collectively comprise my entire agreement and govern all aspects of my relationship with the Custodian, Administrator, and/or the contemplated trust entity. I acknowledge and agree that Administrator is independent of the Custodian and not empowered or authorized to obligate or bind the Custodian, and vice versa. Additionally, nothing in this Agreement shall be construed to render Administrator or the trust entity an employee, partner, agent of, or joint venturer with the Custodian. The Custodian shall not be responsible or liable under any circumstances for any representations or statements made by Administrator or the trust entity and neither Administrator nor the contemplated trust entity shall be responsible or liable under any circumstances for any representation or statement made by the Custodian. Neither Administrator nor the Custodian is a trustee, mortgage broker, asset manager, investment advisor or loan servicing agent with respect to me or my account and neither shall have any discretionary power, authority or control with respect to the acquisition, management, investment, or disposition of my account or its assets. Neither the Custodian nor Administrator is a fiduciary hereunder with respect to my account or any investment in it.

9. ACKNOWLEDGEMENTS & AGREEMENT TO TERMS

By signing below, I hereby acknowledge having been advised by Administrator to seek the advice of independent legal, tax and/or investment counsel prior to executing this Agreement. I further acknowledge that neither Administrator nor Custodian named herein offer legal, tax or investment advice with respect to the subject matter hereof and it is incumbent upon me to obtain such advice from qualified third parties. I understand and agree that I have the sole responsibility for the investment of the assets held within the account established hereunder and that Administrator and/or Custodian have no responsibility under this Agreement, or otherwise, than to follow my appropriate written instructions (upon forms supplied by them), to administer my account, to maintain accurate records of account activity that I direct, and to only provide annually tax forms 5498 and/or 1099, as appropriate, during the pendency of this Agreement. I acknowledge my obligation to provide and agree to so provide Administrator an annual independent third party appraisal of the fair market value of each "alternative" asset held in the account established hereunder on or before January 15th of each year following the establishment of this account. I further understand and acknowledge that Administrator reserves the right to halt all activity on my account unless and until such valuation is produced to the reasonable satisfaction of Administrator, and that I will be assessed a late charge in the event of my failure to timely do so. I understand and acknowledge that it is my responsibility to determine whether any activity undertaken within the account established hereunder may constitute a Prohibited Transaction pursuant to IRC §4975 and/or may give rise to any tax consequences (e.g.- Unrelated Business Taxable Income, etc.). I hereby agree to release, indemnify and hold Administrator and Custodian harmless from and against any and all liability that may arise of any nature whatsoever as a result of Administrator and/or Custodian carrying-out the directives I provide them hereunder throughout the pendency of this Agreement. Under penalty of perjury, I certify that the information contained herein is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by Administrator and Custodian. I acknowledge receipt of a copy of the plan document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to this Individual Retirement Account. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Administrator or Custodian.

PARTICIPANTS SIGNATURE: _____ DATE: _____

CAMA Self-Directed IRA, LLC • Toll Free: (866) 559-4430 • Fax: (973) 302-8622 • info@camaplan.com

www.camaplan.com



Precious Metals Fee Schedule

Open Account Fee	\$50.00
Annual Maintenance Fee	Account value multiplied by .0020 (\$160 minimum/\$280 maximum)
Annual Insurance/Storage Fee*	Account value multiplied by .0015 (\$120 minimum)
CamaPlan Transaction fees of additional purchase/sell	\$40 (No Charge for Streamlined Metals account)

*Does not include packing, shipping, insurance, etc from depository gold dealer or other third parties.

-Segregated storage is available at additional fee of account value multiplied by .0030

- Proration applies based on calendar quarters

SERVICE FEES:	
Overnight Courier	\$30
2nd Day Courier	\$15
Partial/Full Termination	\$150
Special Handling / Rush Fee	\$150
Notary or Medallion Stamp	\$10
Voided Custodial Check	\$10
Unidentified Incoming Funds	\$25
Incomplete Paperwork	\$25

Example of Streamlined Metals fees	
Open account fee	\$50
Purchase \$80,000 of precious metals	
Annual fee .0020 X 80,000 =	\$160
Insurance/storage .0015 X 80,000 =	\$120

Year 1 =	\$330
Year 2 =	\$280

FINANCIAL TRANSACTIONS	
Required Minimum Distribution (by check)	\$5
Custodial Account Check:	\$10
Cashiers Check (Includes Overnight):	\$40
Wire Transfer: (Out / In)	\$30 / \$10
Wire Transfer: (International)	\$60
ACH Transfer:	\$5
Return Item	\$50
Stop Payment Fee	\$50
Declined Credit Card	\$30
Late Charge on Past Due Invoices	\$30

Credit card transactions will be assessed a 3.5% service charge

Unless an Alternate payment method is selected, funds will be deducted from your account to pay applicable fees and/or charges to the extent there is cash available therein. In the event your account has insufficient funds to pay fees and/or charges when due, you will be invoiced and the paper invoice charge will be assessed. The balance that appears on invoices or statements shall be payable in full no later than ten (10) days from the date of the invoice or statement. All past due sums shall incur a late charge of \$30.00 and bear interest at the rate of eighteen percent (18%) per annum (1.5% per month) until paid in full. Failure to make payment in full constitutes a default under this Agreement. Assets may be liquidated to pay for such fees and/or charges, as outlined in the pertinent Custodial Account Agreement. Reasonable fees for services not listed above may be charged at the discretion of CamaPlan (e.g. "expedited processing fee"). Fees are not prorated. Credit card transactions will be assessed at 3.5% convenience charge. I understand and agree to this Fee Agreement and Schedule of charges.

PLEASE PRINT, SIGN AND MAIL THIS FORM TO THE CAMA SDIRA OFFICE ALONG WITH YOUR APPLICATION DOCUMENTS

Printed Name _____

Signature _____ Date _____

CAMA Self-Directed IRA, LLC -- Toll Free: (866) 559-4430 -- Fax: (973) 302-8622 -- info@camaplan.com
www.CamaPlan.com

Revised 9-12-12

1. PARTICIPANT INFORMATION

Participant: _____

Address: _____

Social Sec. No: _____

CAMA Account No: _____

2. CURRENT CUSTODIAN

Current Custodian: _____

Street Address: _____

City, State, Zip: _____

Account No.: _____

Contact Number: _____

Contact Name: _____

3. FORM OF TRANSFER

3A. INDICATE FROM AND TO ACCOUNT TYPE

Check here if this is an Inherited IRA

I AM TRANSFERRING FROM:	Traditional IRA	Roth IRA	SEP IRA	SIMPLE IRA	HSA	ESA
I AM TRANSFERRING TO:	Traditional IRA	Roth IRA	SEP IRA	SIMPLE IRA	HSA	ESA

3B. ROTH CONVERSION RIA TRANSFER ONLY

Account type being converted: Traditional IRA SEP IRA SIMPLE IRA Qualified Plan *tax deferred \longrightarrow Roth IRA

3C. TRANSFER DETAILS

THIS IS A: COMPLETE TRANSFER PARTIAL TRANSFER OF MY ACCOUNT

Liquidate all assets and transfer proceeds to CAMA

Send \$ _____ in cash to CAMA

Transfer all assets "in-kind" along with cash

Transfer _____ Asset Description (in kind) _____.

How would you like your cash to be sent from your current custodian? via Check Wire

How would you like us to send your request to your current custodian? via Regular Mail Express Mail(\$30 fee)

4. SIGNATURES

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70½, the required minimum amount determined under this IRA is still required to be distributed. I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer. If this transfer leaves the transferor IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

Participants Signature: _____

Date: _____

(Medallion Guarantee Stamp)

IMPORTANT NOTE: To avoid delay, contact current custodian to determine if Medallion Guarantee is required

Accepting Organization - Our organization agrees to serve as the Administrator for the new Custodian for the IRA account of the above-named individual, and as Administrator for the new Custodian, we agree to accept the assets being transferred hereunder.

CAMA Self-Directed IRA, LLC on behalf of the Custodian, Continental Bank

By: _____

Date: _____

ROLLOVER FORM

1. PARTICIPANT INFORMATION

Participant:

Address:

Social Sec. No: Account No:

2. FORM OF ROLLOVER

Type of IRA: Place these funds in a : Regular Traditional IRA Rollover "conduit" Traditional IRA
 SEP IRA SIMPLE IRA ROTH IRA HSA ESA

Form of Rollover/Direct Rollover: In Cash: \$ _____ In Kind (Specify): _____

3. ROLLOVER FROM ANOTHER IRA

I certify that the following statements are true and correct.

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time homebuyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer.)
3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA. Date Employee First Participated in original SIMPLE IRA: _____

4. ROLLOVER/DIRECT FROM AN EMPLOYER PLAN

I certify that the following statements are true and correct.

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Administrator/Custodian of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy(ies) or over a period of 10 years or more.
3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
6. I certify that this Rollover/Direct Rollover does not contain a Designated Roth Contribution Account.

5. ROLLOVERS BEGINNING AT AGE 70 1/2

I received the distribution from the other plan on _____. This distribution is is not an outstanding rollover as of the prior December 31st.
 I certify that this rollover does not include any required minimum distribution from the distributing plan, or I certify that I have already satisfied my required minimum distribution for the IRA being rolled over from another IRA.

6. SIGNATURE OF IRA PARTICIPANT

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I understand that this will not be a valid IRA rollover unless PART I or PART II (and, if applicable, PART III) are correct statements. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions from qualified plans, qualified annuities, 403(b) plans, governmental 457(b) plans, or the Federal Employee's Thrift Savings Plan and rollovers/direct rollovers to IRAs, the Administrator/Custodian has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I hereby release the Administrator/Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

PARTICIPANTS SIGNATURE: _____ DATE: _____

1. GENERAL INFORMATION

Participant: Account No.:

Address:

City, State, Zip:

Phone Number: Email Address:

2. DEALER INFORMATION

Identify the Dealer with whom you are placing your transaction. or If the dealer is defaulted to Neptune Global Holdings for ease of processing only and is not a recommendation.

Dealer: Phone: Fax:

Contact Name: Email:

3. INVESTMENT INFORMATION

Authorize and direct ama Self-Directed IRA to Purchase Sell or Change holdings below
first purchase additional purchase

Quantity	Specific Description of Precious Metals	Amount
<input type="checkbox"/> Purchase or <input type="checkbox"/> Sale	<input type="text"/>	<input type="text"/>
TOTAL		<input type="text"/>

The Total \$ amount indicated is an estimate only (i.e. no fractions). Precious metals purchase is made in full ounces up to the \$ amount indicated. Confirmation of purchases is the final authority in determining the actual quantities recorded in your account. This is necessary due to fluctuations in the price of precious metals.

Metals Out	Quantity	Description of Precious Metals	Metals In	Quantity	Description of Precious Metals
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. STORAGE

A precious metals storage account at Diamond State Depository is required for the holding of precious metals in your IRA. Understand that the precious metals owned by my IRA will be stored at DSD under a amaPlan master account for the benefit of your IRA. See www.diamondstatedepository.com

- Commingled Storage** - I understand that CamaPlan has its own storage area in the with DSD and y re cious eta s will be ed this storage area with other CamaPlan ie ts.
- Segregated Storage** - I understand that segregated storage has additional charge of account value multiplied by .0030 ot a ailable or d o t io

5. TRANSACTION

Authorize and direct amaPlan to A/R funds for this purchase to Dealer indicated in section 3 using below instructions.

Transaction Fee to be paid: Account Check Credit Card

ra sa tio Fee is debited from Account unless prepaid by check or credit card

H Funds To:
 Bank Name:
 a Phone:
 a Address:
 ABA Routing # (9 digits)
 a Account #:

Precious Metals Acknowledgement

I direct CamaPlan (CAMA Self Directed IRA) to execute the above Precious Metals transaction with the dealer described above for the benefit of my self-directed account (“Account”). In so doing I hereby make the following acknowledgements, agreements and representations:

Dealer Selection

1. I have evaluated the risks involved with this transaction and have conducted the due diligence I felt appropriate on the dealer I have selected. I am solely responsible for the choice of precious metals dealer and CamaPlan has made no representations or recommendations with regards to said dealer.

*The EZ Gold streamlined process presently established with Neptune Global Holdings (“NGH”) is utilized for ease of processing and minimizing cost, this is in no way to be considered a recommendation or endorsement. I recognize CamaPlan has informed me to perform my own “due diligence” and I hold harmless and indemnify CamaPlan from any damages resulting from the use of NGH or any other dealer.

Form Completion

2. I understand that any missing information or incomplete forms may cause delays and additional charges in processing this Directive and in releasing the payment or asset, and agree that CamaPlan shall not be responsible for any loss, cost, court cost, expenses or other damages (collectively, “Damages”) which may occur as a result of information not provided by me when submitting this Precious Metals Directive or any action or inaction by the dealer.

Available Funds

3. In directing a purchase in precious metals, CamaPlan shall not take any action with regard to this Precious Metals Directive unless and until my Account has sufficient liquid funds available to cover the purchase amount including any charges and fees involved with this transaction. I understand and agree to all the charges and fees due the dealer and Depository in connection with this transaction and storage of my precious metals directed herein, including but not limited to any safekeeping charges, shipping, handling and insurance fees and direct CamaPlan to pay all such fees and charges from my Account.

Dealer Payment

4. Payment to the dealer may be made from my Account after verifying this Directive against the dealer’s invoice/confirmation that is signed or acknowledged by me (a fax or scanned document is acceptable). CamaPlan will have no responsibility or liability if the precious metal received by the Depository does not match those described on the invoice/confirmation from the dealer, and/or, if there is any delay or failure of delivery by the dealer to the Depository. Therefore I am solely responsible for confirming precious metals quantities and prices agreed upon with the dealer.

Prohibited Transactions/Collectibles

5. I certify that the precious metal investment(s) directed herein is/are not prohibited transactions as defined in § 4975 of the Internal Revenue Code of 1986, as amended; that the investments are not in precious metals that are collectibles, and are permitted to be held in an IRA pursuant to IRC §§ 408(m)(3)(A)(i)-(iv) and 408(m)(3)(B), and that I have consulted with a legal or tax professional to the extent necessary for me to make this certification. I certify that I have not received any legal or tax advice from CamaPlan or its employees. I understand that the law with respect to IRA investment in precious metals may change such that the specific precious metals purchased pursuant to this Directive become “collectibles,” and are longer permitted IRA investments, which could put my IRA at risk for early withdrawal taxes and penalties, and therefore, I agree to indemnify and hold harmless CamaPlan and DSD for any taxes, penalties, and costs associated with such result. I undertake to apprise myself of any changes in the law with respect to the specific precious metals purchased pursuant to this Directive, and I affirm that it is my sole responsibility to ensure the continued compliance of my IRA with the prohibited transactions rules of the Internal Revenue Code of 1986, as amended.

No Investment Advice

6. In regards to this Precious Metals Directive, I, the Account holder, take sole responsibility for the selection and performance, including the future value, of the precious metals purchased, exchanged or sold. I have received no investment or other advice from CamaPlan or its employees, nor any recommendation as to any purchase, exchange or sale, and I agree to indemnify and hold CamaPlan harmless from any Damages resulting from my investment decision.

Fees

7. I have reviewed and agree to the Precious Metals Fee Schedule indicating all fees associated with the purchase, storage, packing and shipping of physical precious metals in my CamaPlan Account, including safekeeping charges, shipping, handling and insurance fees.

Authenticity of Precious Metals

8. CamaPlan is not responsible for the purity, weight, metal content or authenticity of any coins or bullion purchased, and the related breach, misrepresentation, omission of the dealer and any Damages resulting therefrom.

Price Spreads

9. I understand that an investment in precious metals is dependent on global markets and other factors and there may be fluctuations in price of the precious metals, and I direct CamaPlan to process this transaction on behalf of my Account by way of the Precious Metals Directive or other such form acceptable to CamaPlan fully aware of the risks of such price fluctuations. I agree to waive any claims that I may have, past, present or future, known or unknown, anticipated or unanticipated with respect to the fluctuations or change in the price or condition of any precious metals. I understand that the difference between the price at which precious metals can be bought and the price at which they can be sold at any given time is called “price spread.”

Precious Metals Acknowledgement

Valuation

10. I understand the values reflected on my Account with CamaPlan for precious metals shall reflect spot prices or the published Johnson Matthey price. Spot prices should be used as an estimation only and should not be construed as a firm bid price to buy the precious metals by any broker or dealer. Spot prices are generally for small quantities; the actual quantity of a transaction may affect the price received for any item. Spot prices do not include any dealer mark-ups, mark-downs or commissions. Proof coins must be encapsulated in complete, original mint packaging, including certificate of authenticity, and in excellent condition. Non-proof coins must be in Brilliant Uncirculated condition and free from damage. Price indications for specific bullion products may be obtained from various sources including the precious metals broker dealer or on the Internet at sites such as www.BullionValues.org.

Depository Storage

11. I understand that CamaPlan leases vaulted space at Diamond State Depository (“DSD”), a Delaware-based full service precious metals depository. All precious metals shall be stored and insured at DSD and are governed by the laws of the state of Delaware. I understand and direct CamaPlan to open the storage account with DSD in accordance with my elected storage method, commingled or segregated. I understand that if I do not indicate a storage option, commingled storage will be the default storage option. Processing and handling of all precious metals will be performed by DSD staff according to DSD policies and procedures. The Depository shall be solely responsible for the storage and safekeeping of all precious metals. I understand that CamaPlan, through DSD, agrees to maintain in effect all-risk insurance on the Assets stored at DSD. Upon request, CamaPlan will produce a copy of the Certificate of Insurance evidencing coverage for the Assets held by DSD for CamaPlan.

Depository Notification & Contact

12. I understand that the Dealer delivers directly to DSD and that there are fees charged for storage and insurance based on the calendar year. The full annual charge is due for each full or fractional calendar year during which precious metals are stored. I understand that CamaPlan relies on the accuracy of the Inventory Report from DSD. Receipt and withdrawal statement confirmation will be provided by DSD/CamaPlan via electronic mail, and I am aware that other means may incur additional costs.

Depository Processing

13. Diamond State Depository timing. Regarding deliveries into DSD/CamaPlan (In-Shipments), during normal operating hours or at other times as may be mutually agreed upon by the CamaPlan and DSD in advance, and with at least two (2) business day's prior Official Notice, I understand that DSD will receive In-Shipments of the Assets for my sub-Account. For unusually large or non-standard In-Shipments, I acknowledge that DSD reserves the right to require up to four (4) business day's prior Official Notice to accept such In-Shipments. Regarding deliveries out of DSD (Out-Shipments), I understand that DSD will use its best efforts to arrange Out-Shipments from DSD's facilities within two (2) business days of receiving CamaPlan's Official Notice. Regarding any Out-Shipment where delivery within a two (2) business day period is not practical or reasonable, I understand that DSD will use its best efforts to arrange for Out-Shipments within four (4) business days. Notwithstanding the provisions of this paragraph, I recognize that unusual depository activity may delay Out-Shipments of the Company's Assets beyond four (4) business days, and further agree that DSD shall not be liable for any damages arising from such delays. DSD will notify CamaPlan promptly of any delay. Please note that DSD will not, and cannot accept any instructions from you or any other source, or provide any information to you, relating to your Assets, other than a “Notice of Asset Receipt” and the “Notice of Asset Withdrawal” which DSD will send you at such time when the Assets are transferred or otherwise moved from DSD's facility. I agree not to contact DSD with any inquiries pertaining to the Assets, and I will direct all questions to CamaPlan directly.

Gross Negligence Only

14. I agree to indemnify and hold CamaPlan and DSD, its officers, directors and employees free and harmless against all liabilities, damages, losses, expenses, claims, demands, suits, fines or judgments, including but not limited to costs and attorney's fees, except to the extent such damages or liability results from the gross negligence or intentional misconduct of CamaPlan or DSD, their officers, directors, employees or of any sub-custodian for CamaPlan or DSD.

Successors and Assigns

15. This Acknowledgement is binding upon, and inures to the benefit of myself, CamaPlan, DSD and our respective successors and assigns.

Force Majeure

16. Neither DSD nor CamaPlan shall be liable for any failure to transfer or deliver the Assets pursuant to this Agreement during any period in which DSD is prevented from doing so as the direct and proximate result of war (whether an actual declaration thereof is made or not), sabotage, insurrection, riot, act of civil disobedience, act of public enemy, act of any government or any agency or subdivision thereof, judicial action, labor dispute, explosion, storm, technical failure, utility or systems failure, fire or flood, provided, however, that nothing contained herein shall impair the obligation which DSD shall have to substitute insurance proceeds therefore unless such proceeds are not payable by the appropriate insurance carriers by reason of any exclusion contained in the applicable policies.

Accountholder Signature

Date



Neptune Global Holdings LLC
 717 N. Union Street, Ste. 103
 Wilmington, DE 19805

Phone 302-256-5080
 FAX 302-256-5081

Account Opening Application - US Precious Metals Customer

For a Retirement Account Administered by:
CamaPlan Self Directed IRA, LLC
512 Township Line Rd, Five Valley Square Ste 103, Blue Bell, PA 19422

PLEASE PRINT CLEARLY

Account Name: CamaPlan SDIRA FBO:	Name:	
Street Address:		
City:	State:	Zip
Email Address:		
Mobile Phone:		Day Phone:
Account Type: Traditional IRA <input type="checkbox"/> Roth <input type="checkbox"/> Other <input type="checkbox"/>		

I have read and agree to the terms and conditions as set forth in the pages of this Account Opening Form. Further, I agree to provide CAMA SDIRA with all required documents needed to comply with the US Patriot Act.

 Signature Date

 Print Name

 CAMA SDIRA Account Number - To Be Assigned by CAMA

 Neptune Account Number - To Be Assigned by NGH

This Agreement will govern the Account (Account) that you establish with Neptune Global Holdings LLC (NGH).

Direction Authorization. NGH will endeavor to buy or sell certain precious metals bullion products in accordance with the instructions received from CamaPlan SDIRA (CAMA) on your behalf pursuant to the terms of this Agreement. NGH reserves the right to refuse to buy or sell for CAMA and/or you if the instructions are unreasonable or if NGH is unable to comply with the instructions.

Payment & Settlement for Buy Orders. Buy Orders must be paid for prior to placing such order, unless otherwise agreed to prior to the order being placed. NGH reserves the right to refuse an order when the confirmed price is incorrect, due to either computer-related problems or sudden movements in the gold market. Bullion purchased hereunder will be shipped pursuant to CAMA's directions after NGH receives all funds required to settle trade.

Sell Orders. NGH will, if practical, sell Bullion at NGH's quoted price and terms pursuant to CAMA's written request by executing a Sell Order of Bullion for your Account. If NGH is unable to execute a Sell Order in accordance with the terms of such order, NGH will request further instructions from CAMA and will not execute a Sell Order except upon CAMA's further instructions.

Confirmation. Written confirmation of each Buy Order or Sell Order execution will be sent to CAMA and you. If CAMA or you believe that any such confirmation inaccurately describes a transaction, you agree to notify NGH promptly. The confirmation will be considered correct unless NGH is notified to the contrary in writing no later than two (2) days after the date of the confirmation.

Shipping & Transferring Bullion. All Shipping, handling and insurance charges associated with the purchase, sale and/or transfer of bullion for the Customer's Account are the responsibility of the customer, unless otherwise agreed to in writing.

Settlement Failure. If Buy Order is unable to settle by reason of CAMA's or your failure to make timely payment for Bullion ordered CAMA and you authorize NGH to sell the Bullion purchased and CAMA and you agree to reimburse NGH for all costs, losses, penalties, interest, or liabilities incurred by NGH as a result of such failure to pay timely.

Force Majeure. NGH shall not be liable to CAMA or you for any losses CAMA or you incur due to NGH's inability to carry out your directions due to government acts, wars, strikes, mechanical failure, acts of God, unusual market behavior or activity, or circumstances beyond its control.

Severability and Jurisdiction. If any provision or part of this Agreement becomes invalid by law, regulation or proceeding or is found to be otherwise unenforceable, all other provisions shall remain in full force and effect. This Agreement constitutes the entire agreement between the parties with respect to the transactions contemplated hereby and shall be construed in accordance with the laws of Delaware exclusive of conflicts of laws provisions. You hereby waive your right to a jury trial in any such action. You further hereby agree that jurisdiction and venue for any action arising under or relating to this Agreement shall be exclusively within the state or federal courts located in Delaware.

Customer Consent. In the event NGH receives notice of an order of any court of the United States of America or any of the states affecting or purporting to affect the operation, maintenance or handling of CAMA's and/or your Account, CAMA and you agree that NGH may comply with the terms of any such order even if the court issuing the order did not have jurisdiction over NGH, CAMA, you or CAMA's and/or your Account. CAMA and you acknowledge that federal or state law may require NGH to report transactions hereunder to federal or state governments and consent to the submission of any such reports. CAMA and you agree to provide NGH appropriate identifying information, including a correct tax identification number, to allow NGH to comply with all reporting requirements.

Warranty and Indemnification. CAMA and you warrant that all representations made to NGH pursuant to this Agreement are true to the best of CAMA's and your knowledge and that CAMA's and your performance hereunder will comply with all applicable laws. CAMA and you agree to indemnify and save NGH harmless for any and all liability, loss or damage (including reasonable attorney's fees) arising out of CAMA's and/or your breach of such warranty or any willful or negligent act or omission by CAMA and/or you in connection with CAMA's and/or your Account.

Disclaimer. CAMA and you understand that NGH provides no investment advice in connection with CAMA's and/or your account nor does NGH give advice or offer any opinion with respect to the suitability of any bullion investment for CAMA and/or you. CAMA and you recognize and acknowledge that bullion markets are volatile, that there is the possibility that a loss will be incurred from an investment in bullion, and that bullion provides no interest or yield. If CAMA and/or you request delivery, CAMA and/or you acknowledge that once out of the control of NGH's custody, the condition, authenticity, and/or integrity of the bullion can no longer be guaranteed by NGH or its designated depositories. Such Bullion outside NGH's possession normally must be physically presented to NGH at the time CAMA and/or you wish to sell it. This may involve a delivery process through the postal service, or some other commercial shipper, during which time the bullion value may change due to market fluctuations. Furthermore, NGH or its depositories may require that bullion delivered out of their control and re-presented to them, be assayed and/or refined by a qualified party to insure its authenticity, before agreeing either to purchase it or to accept it for deposit. If an assay or refinement is required, it normally will be performed at CAMA's and/or your expense and may delay completion of the desired sale or deposit transaction. Under these circumstances, CAMA and you may assume additional price risk, as the market value of the bullion could change appreciably during the time in which the required assay or refinement process is being performed.