

When to use this form:

Use this form to open one of the following account types:

- Do Your Own (DYO) Self-Directed Individual 401(k)
- Record Keeping Self-Directed Individual 401(k)
- Outsourced Self-Directed Qualified Plan

NOT for IRA Accounts.

To complete your 401(k) application:

Submit the following to CamaPlan in a single package:

1. THIS FORM, SIGNED AND DATED:

- Page 3 (section 4)
- Page 7 (section 11)
- Page 8 (choose Option A or B)
- Page 9 (section 13)

2. LEGIBLE COPIES OF:

- Your driver's license or passport
- Your social security card

3. PAYMENT FOR ACCOUNT SET-UP FEE

Submit payment via:

- Payment method entered via online portal (existing clients)
- Check or money order
- Credit card (call the office)

NOTE: New account cannot be established without payment for the application fee and plan document fee.

If you have questions on completing the application, contact us:

call: (866) 559-4430

or email: Engage@CamaPlan.com

Submit your Qualified Plan Application to:

- Email: Engage@CamaPlan.com
- Fax: (973) 302-8622
- Mail: CamaPlan
122 E. Butler Ave, Suite 100
Ambler, PA 19002

What's next?

Within 2 business days of receipt of your application package, you will receive:

1. AN EMAIL CONTAINING:

- Confirmation of account opening
- Your account number
- Copy of Custodial Agreement and Disclosure Statement

2. A WELCOME PACKAGE VIA U.S. MAIL

COMPLETE SECTION TWO FOR OUTSOURCED PLANS ONLY

1. Participant Details (Employee)

Legal Name (must match SSN card)

Type of Plan: (Choose one of the following options)

- ☐ A. CamaPlan Do Your Own (DYO)
Self-Directed Individual 401(k) Plan
- ☐ B. CamaPlan Record-Keeping
Self-Directed Individual 401(k) Plan
- ☐ C. CamaPlan Outsourced Self-Directed
Qualified Plan

Address

(Note: Should match driver's license or passport address. If not, please provide supporting documentation (such as utility bill) with your current address as well as an explanation as to why it does not match. No PO boxes.)

Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

Mailing Address

(if different from physical address)

Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

Participant's Email Address

(Note: To receive timely account information and correspondence. Will also serve as verification for online access.)

Driver's License/Passport Number

<input type="text"/>	State <input type="text"/>
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Issue Date

Exp. Date

Soc. Sec. No.

Date of Birth

Marital Status

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Occupation

Phone 1

2. Employer Information & Consent to Appointment

The employer sponsoring the governing Plan Document and Adoption Agreement, under which the Account Holder identified herein is a Participant, hereby consents to the appointment of the CAMA Self-Directed IRA, LLC to act as Recordkeeper of Account Holder's Participant-Directed Account and directs the Trustee and/or Plan Administrator (including designees thereof) under the governing Plan Document and Adoption Agreement to provide requested documentation, communication and cooperation with Recordkeeper to the extent reasonably necessary to accomplish the purposes and objectives of Account holder hereunder.

Name of Adopting Employer

Street

City

State

<input type="text"/>	ZIP <input type="text"/>
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Phone

Email

Type of Plan

Name of Plan

Plan Trustee (as designated in the Adoption Agreement)

Phone

Email

Company Name

Plan Administrator Contact Person (as designated in the Adoption Agreement)

Phone

Email

Company Name

I understand that contributions, loans and distributions will be done through the plan provider and not through the CamaPlan account. If a transfer is not possible or an "In-Kind" distribution is requested to be initiated by CamaPlan, the plan Trustee, the Third Party Administrator (TPA), and the participant must provide written proof they are in agreement the distribution is to be executed and proper IRS filings will be completed.

I agree that the Record-Keeper will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the custodian and the Record-Keeper any and all claims, damages, liability, actions, costs, expenses (including reasonable attorney's fees) and any loss to my account as a result of any action taken in connection with this investment transaction.

3. Interested Party Authorization (optional)

(Note: We hold your account information confidential and do not share it without your written permission. This ONLY allows information to be provided to the named person. If you require someone to act on your behalf, you must provide an executed Power of Attorney form.)

I hereby authorize CamaPlan 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 CamaPlan at any time.

Interested Party Name

Street

City

State

 ZIP

Email

Relationship

DOB

Phone

4. Beneficiary Designations

Do not complete this section for outsourced plans.

Check Plan Documents from Plan Sponsor.

(Note: Beneficiary designations for DYO and Record Keeping plans take precedence over beneficiaries designated in your Will or Trust. Add a separate sheet to add more beneficiaries. The total percentages for PRIMARY and CONTINGENT beneficiaries should EACH total 100%.)

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 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).

Beneficiary 1	<input type="text"/>
SSN	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship	<input type="text"/>
Share%	<input type="text"/> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT

Beneficiary 2	<input type="text"/>
SSN	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship	<input type="text"/>
Share%	<input type="text"/> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT

Beneficiary 3	<input type="text"/>
SSN	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship	<input type="text"/>
Share%	<input type="text"/> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT

Beneficiary 4	<input type="text"/>
SSN	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship	<input type="text"/>
Share%	<input type="text"/> <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT

5. Consent of Spouse

Do not complete this section for outsourced plans.

Not required for outsourced plans.

(Note: consent of the participant's spouse is required to effectively designate a beneficiary other than, or in addition to the participant's spouse.

Your spouse must sign if he or she is not a 100% primary beneficiary in section 4.)

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. (AK, AZ, CA, ID, LA, NV, NM, WA, WI)

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.

I consent to these Beneficiary Designations.

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 Name

Spouse's Printed Name

Spouse's Signature

Date

6. Privacy Policy Statement

Note: Please review what CamaPlan will and will not do with your personal information.

CAMA SDIRA, 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 online 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 info 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 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.

Updating this Statement: CAMA may update this privacy policy by periodically posting a new version on its website (www.CAMAPLAN.com)

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 Recordkeeper & Agreement of Terms

- ☐ Only for Record Keeping and Outsourced
☐ Not for DYO

By execution of the instant Participant-Directed Account Application, I, the Participant hereunder, hereby appoint CAMA Self-Directed IRA, LLC to act as Recordkeeper of my Participant-Directed Account. I acknowledge and agree that this Account Application and the governing Employer Plan Document and Adoption Agreement, together with the Fee Agreement and Schedule of Charges and any other written instructions, in form and substance acceptable to Recordkeeper, (all such documents being incorporated herein by this reference) collectively comprise my entire agreement and govern all aspects of my relationship with Recordkeeper. I understand and acknowledge that Recordkeeper is not a trustee, mortgage broker, asset manager, investment advisor or loan servicing agent with respect to me or my account and shall have no discretionary power, authority or control with respect to the acquisition, management, investment, or disposition of my account or its assets. I further understand and acknowledge that Recordkeeper is not a fiduciary hereunder with respect to my account or any investment in it. By signing below I hereby acknowledge having been advised by Recordkeeper to seek the advice of independent legal, tax and/or investment counsel prior to executing this Agreement. I further acknowledge that Recordkeeper has not and does not offer legal, tax or investment advice with respect to the subject

matter hereof, nor does Recordkeeper provide tax reporting services, and it is incumbent upon me to obtain such advice and services 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 Recordkeeper has no responsibility under this Agreement, or otherwise, than to follow my appropriate written instructions (upon forms supplied by them), to establish an Alternatives Asset Investment Account for me to maintain accurate records of account activity that I direct, and to provide such records annually to the Plan Administration Contact Person named herein, as appropriate, during the pendency of this Agreement. I acknowledge my obligation to provide and agree to so provide Recordkeeper 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 Recordkeeper reserves the right to halt all activity on my account unless and until such valuation is produced to the reasonable satisfaction of Recordkeeper, and that I will be assessed a 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, etc.). I hereby agree to release, indemnify and hold Recordkeeper harmless from and against any and all liability that may arise of any nature whatsoever as a result of Recordkeeper carrying-out the directives I provide 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 Alternatives Asset Investment

Account offered by Recordkeeper upon the terms and conditions hereof. I acknowledge receipt of a copy of the Employer Plan Document (for Outsourced plans provided by others) under which this account is established, a copy of this Account Agreement, and a copy of the Fee Agreement & Schedule of Charges with respect to this Account. I direct that all benefits upon my death be paid as indicated above. If I named a beneficiary which is a Trust, understand I must provide certain information concerning such Trust to the Recordkeeper or Plan Trustee.

9. Plan Administrator and Trustee Signature

Third Party (TPA) Plan Administrator's Signature

Date

Trustee's Signature

Date

10. Account Establishment Authorization

(note: Please review, sign and date once you have read and filled out the entire application)

"I _____ understand that I, my administrator, my accountant or other professional is responsible for all IRS/ Government reporting including contributions, distributions, loans, tax returns, ect and that the CamaPlan, the record keeper, is not responsible and will not report, file or otherwise be responsible for any required forms, filings or reporting to an government agency."

By signing below, I herby acknowledge I have been advised to seek advice of independent legal, tax, and/or investment counsel prior to opening this account. I further acknowledge CamaPlan does not 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.

I agree that the Record-Keeper will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the custodian and the Record-Keeper any and all claims, damages, liability, actions, costs, expenses (including reasonable attorney's fees) and any loss to my account as a result of any action taken in connection with this investment transaction.

Participant's Signature

Date

11. Fee Agreement

Annual Record-Keeping/ Maintenance Fee Option

Please select a fee basis by checking one of the options below. No annual fee for "Cash Only" accounts maintaining a minimum of \$4,000.00. If a "Cash Only" account is less than \$4,000.00, a \$50.00 annual fee will be charged.

Minimum Balance

Minimum cash balance requirement, depending on your fee basis, two calendar years of annual fees must be kept in the account.

Example: The asset based annual is \$300 per asset, so that a minimum of \$600 balance for an account with only one asset

☐ Option A - Number of Assets

For accounts with one or few assets. Fee of \$300 assessed annually for each asset in account. Thereafter pro-rated annual fees are assessed at time of any subsequent acquisition and then annually thereafter in January.

Example: A private placement and a real estate property held in an account are considered 2 assets. Each asset is charged \$300 annually, therefore $\$300 \times 2 = \600 annual fee.

☐ Option B - Account Value

For accounts with many assets and/or low balances. Fee is calculated on highest value of account during annual term. Minimum annual fee: \$165.00. Maximum annual fee: \$2,020.00.

Account Value:	Multiply by:
\$0 to \$20,000	0.0094
\$20,001 to \$80,000	0.0072
\$80,001 to \$180,000	0.0061
\$180,001 to \$300,000	0.0050
\$300,001 to \$500,000	0.0039
\$500,001 and up	0.0033

Example: Account value is \$60,000. $\times 0.0072 = \$432$ annual fee

Account Set Up Fee: \$75

Upon establishment of your new account, you can set up your online account portal and submit payment via credit card or Echeck. Physical checks or money orders can be made payable to "CamaPlan" and physically mailed to us.

Transaction Fees

Real Estate Transactions (purchases, sales, exchanges, transfer of asset)	\$175.00
Other Transactions (purchases, sales, exchanges, distributions, and transfer of assets)	\$150.00
Wire Transfer (In/Out)	\$10/\$30
Wire Transfer International	\$95.00
ACH Transfer	\$10.00
Custodial Account Check	\$10.00
Cashier's Check (Includes Overnight Courier)	\$45.00
Roth Conversion	\$75.00
Partial Transfer Out	\$75.00
Early Distribution	\$150.00

Special Handling Fees

Returned Bank Check	\$50.00
Stop Payment	\$50.00
Declined/Refunded Credit Card	\$50.00
Invalid Payment Method	\$50.00
Late Charges on Past Due Invoices Invalid	\$30.00
Contact Information	\$100.00
Expediting Documents/Transactions	\$150.00
Notary or Medallion Stamp	\$10.00
Overnight Courier (Contingent on Carrier Pricing)	\$35.00
2 Day Courier (Contingent on Carrier Pricing)	\$25.00
Certified Mail	\$25.00
Voided Check	\$10.00
Unidentified Incoming Funds	\$25.00

Processing Fees

Obtain TIN/EIN for IRA/401K (Third Party CPA)	\$99.00
Annual Plan Document Fee	\$330.00
Account Termination (Includes Transfer Out)	\$150.00
Incomplete Documents & Research (Includes: Investments, deposits, expenses, nonpayment of invoice, court documents, distributions, special services, research, copying)	\$100.00/Hour

Does not apply to Precious Metals accounts

12. Payment

Upon establishment of your new account you will receive an email with instructions to access our Portal. There you can add bank (e-check) and/or credit card information to pay any future fees. Checks or money orders can be made payable to "CamaPlan."

13. Fee Agreement Signature

A minimum cash balance equal to two (2) years of annual account maintenance fees must be maintained in your account at all times. These invoices shall be payable in full no later than ten (10) days from the date of the invoice. Past due sums incur a late charge of \$30 and bear interest at eighteen percent (18%) per annum, (1.5%) per month until paid in full. Failure to pay in full constitutes default under this Agreement. Assets held in your account may be liquidated to pay fees and/or charges, as outlined in the pertinent Custodial Account Agreement. In the event of liquidation and distribution, it shall be the responsibility of the account holder to pay all fees, attorney fees, penalties and any other costs incurred by CamaPlan in such process. Reasonable fees for services not listed above may be assessed. CamaPlan may change all or part of the Fee Schedule at its discretion with 30 days advance notice.

I have selected Option A or Option B as my fee basis. I understand and agree to this Fee Agreement. If no option is selected, Option B will be used to calculate your fee.

Participant's Signature

Date