



1. PARTICIPANT INFORMATION

Legal Name:

Address:

City, State, Zip: Phone Number:

Mailing Address:
(if different)

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

Email Address: Check here if you would like online account access

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

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 RealTrust IRA Alternatives, LLC to act as Alternative Asset Administrator ("Administrator") 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 Administrator to the extent reasonably necessary to accomplish the purposes and objectives of Account Holder hereunder.

Name & Address of Employer:

Plan Administration Contact Person:

Phone #: E-mail:

Employer's signature: _____ Date: _____

Employer is the following type of business entity:

C-Corporation S-Corporation LLC or Partnership Sole Proprietor

Applicant's Relationship to Employer: Principal Spouse Non-Principal Employee

3. INTERESTED PARTY AUTHORIZATION

I hereby authorize Administrator to provide the individual named herein access to information contained in my Participant-Directed 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:

Address:

Phone #: Email:

4. METHOD OF PAYMENT

A. Please refer to our current Fee Agreement & Schedule of Charges. Fees and Charges are subject to change.

Option A (Fee assessed per Asset) OR Option B (Fee assessed on Aggregate Value of Account)

B. I choose to pay the fees and charges accruing hereunder according to the following method (check only one option box):

Debit this Participant Account Invoice Me Charge my Credit Card (per authorization below)

The subjoined Fee Agreement & Schedule of Charges is hereby incorporated herein by this reference.

C. 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:

5A. BENEFICIARY DESIGNATION

Name: Primary Contingent

SSN: Date of Birth: Relationship: Share:

Name: Primary Contingent

SSN: Date of Birth: Relationship: Share:

Name: Primary Contingent

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).

5B. 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 disclaims 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: _____



PARTICIPANT-DIRECTED 401(k) ACCOUNT APPLICATION

Real Choice. Real Control. Real Trust.

6. PRIVACY POLICY STATEMENT

RealTrust IRA Alternatives, LLC (RIA) takes your privacy seriously. This privacy statement provides information about the personal information that RIA collects, and the ways in which RIA uses that personal information.

Collection of Personal Information. RIA 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 RIA.

Using Personal Information. RIA 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 RIA 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, RIA 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. RIA 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 RIA 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. RIA may update this privacy policy by periodically posting a new version on its website (www.realtrustgroup.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 King County, Washington. 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 & AGREEMENT TO TERMS

By execution of the instant Participant-Directed 401(k) Account Application, I, the Participant hereunder, hereby appoint RealTrust IRA Alternatives, LLC to act as Alternative Asset Administrator ("Administrator") 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 Administrator, (all such documents being incorporated herein by this reference) collectively comprise my entire agreement and govern all aspects of my relationship with Administrator. I understand and acknowledge that Administrator 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 Administrator 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 Administrator to seek the advice of independent legal, tax and/or investment counsel prior to executing this Agreement. I further acknowledge that Administrator has not and does not offer legal, tax or investment advice with respect to the subject matter hereof, nor does Administrator 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 Administrator 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 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 harmless from and against any and all liability that may arise of any nature whatsoever as a result of Administrator 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 Administrator upon the terms and conditions hereof. I acknowledge receipt of a copy of the Employer Plan Document 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. 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 Plan Trustee.

PARTICIPANTS SIGNATURE: _____ **DATE:** _____



PARTICIPANT-DIRECTED 401(K) PLAN FEE AGREEMENT & SCHEDULE OF CHARGES

Real Choice. Real Control. Real Trust.

INITIAL ACCOUNT ESTABLISHMENT FEE: (one time charge when account is opened) \$50

EZ-K 401(k) Plan Establishment & Annual Maintenance Fee (includes First Participant): \$300

Participant Account Annual Maintenance Fee (additional EZ-K Participant(s) or Outsourced Plans): \$150

ALTERNATIVE INVESTMENT ADMINISTRATION FEE

OPTION "A": Fee assessed per asset held in account. Fee applies annually to each asset held in account; Debt-Financing associated with an investment is charged as a separate asset. Example: One Investment = \$250 or Four Investments (including debt-financing) = \$1000. Minimum Fee assessed at time of account establishment. Fees are assessed at time of account establishment, on the anniversary date thereof and at time of asset acquisition.

OPTION "B": Fee Assessed on Aggregate Value of Account. Fee is calculated on highest aggregate value of account during annual term. Minimum Annual Administration Fee: \$150. Fees are calculated on a tiered basis. For example: if value equals \$20,000 the annual fee will total \$170; if value equals \$70,000 the annual fee will total \$505. Maximum annual fee: \$1850. Fees are assessed at time of account establishment, on the anniversary date thereof and at time of asset acquisition.

If the account value is between:	Multiply value by:
\$1 to \$25,000	0.0085
\$25,001 to \$80,000	0.0065
\$80,001 to \$180,000	0.0055

If the account value is between:	Multiply value by:
\$180,001 to \$300,000	0.0045
\$300,001 to \$500,000	0.0035
\$500,001 and up	0.0030

ADDITIONAL SERVICES FEE SCHEDULE

Transaction Processing Fees: \$150

(Purchase, Sale, Exchange, Transfer of Asset, Additional Funding. Fee assessed at time of transaction.)

MISCELLANEOUS FEES:

Overnight Courier	\$30
Overnight Courier (Int'l)	\$20 + cost
Roth Conversion/Recharacterization	\$150
Re-registration of Assets (plus costs)	\$150
In-Kind Distribution (+ 3rd party costs)	\$300
Reprocessing Fee	\$50
Special Handling Fee	\$150
Partial Termination	\$150 + \$50 per asset
Full Termination	\$250 + \$50 per asset
Late Charge on Past Due Fair Market Valuation	\$75
Paper Invoice	\$5

FINANCIAL TRANSACTIONS:

Custodial Account Check:	\$10
Cashiers Check:	\$30
Wire Transfer: (In/Out)	\$30
Wire Transfer: (International)	\$60
ACH Transfer:	\$10
Return Item	\$30
Stop Payment Fee	\$30
Late Charge on Past Due Statements	\$30
(Plus 1.5% per month on past due amount)	
Required Minimum Distribution (by check)	\$10
Declined Credit Card	\$30

MINIMUM CASH REQUIREMENT: (Amount that must be maintained in the account at all times) \$500

Unless an alternate payment method is selected in section 4(B) above, 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, at the election of Administrator. Reasonable fees for services not listed above may be charged at the discretion of RIA (e.g. "expedited processing fee"). Fees are not prorated. Credit card transactions will be assessed a 3.5% convenience charge. I understand and agree to this Fee Agreement and Schedule of Charges.

PARTICIPANTS SIGNATURE: _____ DATE: _____



PARTICIPANT-DIRECTED 401(K) PLAN DEPOSIT COUPON

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participant Name:

Plan Name:

Account Number: Deposit Amount:

2. DEPOSIT DETAILS

CHECK (Make check payable to RIA FBO (Participant's Name) Account # _____)

WIRE (Submit this form prior to sending a wire (see wire instructions form))

REASON FOR DEPOSIT:

60-day rollover from an IRA Account

Reg. Employer Profit Sharing Contribution

60-day rollover from an Employer Plan

Pre-Tax Elective Deferral to Plan

Direct Rollover from an Employer Plan

Post-Tax Roth Elective Deferral to Plan

Participant Loan Payment

Transfer or Outsourced Deposit

Asset Income - Type _____

Other _____

SPECIAL INSTRUCTIONS:

3. SIGNATURE OF PLAN PARTICIPANT

I hereby certify and acknowledge that it is my responsibility to correctly characterize the nature and purpose of the deposit being made hereunder. I understand that RealTrust IRA Alternatives, LLC (Administrator) does not provide legal, tax or investment advice and that it is incumbent upon me to obtain pertinent advice and counsel from qualified third party professionals with respect to the subject matter hereof. I hereby agree to release, indemnify and hold Administrator harmless from any and all liability that may arise as a consequence of Administrator processing this deposit as set forth herein.

PARTICIPANTS SIGNATURE: _____ DATE: _____



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1. PARTICIPANT INFORMATION

Participant: _____

Address: _____

Social Sec. No: _____ Account No: _____

Current Trustee/
Custodian: _____

Address: _____

Contact Name: _____ Phone Number: _____

***PLEASE INCLUDE LEGIBLE COPY OF YOUR CURRENT ACCOUNT STATEMENT WITH THIS FORM.**

2. FORM OF TRANSFER

I AM TRANSFERING FROM A LIKE-KIND PLAN : Name of Plan: _____

I AM : Participant Trustee Spouse Beneficiary Non-Spouse Beneficiary Ex-Spouse

THIS IS A: **COMPLETE TRANSFER** **PARTIAL TRANSFER OF MY ACCOUNT**

Liquidate all assets and transfer proceeds to RealTrust Send \$ _____ in cash to RealTrust

Transfer all assets "in-kind" along with cash Transfer _____.

SEE COVER LETTER FOR DELIVERY INSTRUCTIONS

3. 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 applicable to this account 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 account by withdrawing sufficient amounts from another qualified account prior to the deadline for receiving minimum distributions for the calendar year of the transfer. If this transfer leaves the transferor account in one year but does not reach the transferee account until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new account must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee account for the year that the transfer was received. I will inform the transferee account Administrator of any such outstanding transfer.

Participant's Signature: _____ **Date:** _____

Accepting Organization - Our organization agrees to serve as the Alternative Asset Administrator for the Alternative Asset Investment Account established hereunder for the above-named participant, and as Administrator we agree to accept the assets being transferred hereunder.

RealTrust IRA Alternatives, LLC

By: _____ **Date:** _____

_____, Its Authorized Signatory



Real Choice. Real Control. Real Trust.

1. PARTICIPANT INFORMATION

Participant:

Address:

Social Sec. No: Account No:

Current Trustee/
Custodian:

Address:

Contact Name: Phone Number:

***PLEASE INCLUDE LEGIBLE COPY OF YOUR CURRENT ACCOUNT STATEMENT WITH THIS FORM.**

2. FORM OF ROLLOVER

TYPE OF ACCOUNT TO ROLLOVER FROM : 401(K) PROFIT SHARING IRA OTHER _____

I AM : Participant Trustee Spouse Beneficiary Non-Spouse Beneficiary Ex-Spouse

THIS IS A: COMPLETE ROLLOVER PARTIAL ROLLOVER OF MY ACCOUNT

Liquidate all assets and Rollover proceeds to RealTrust **Send \$** _____ **in cash to RealTrust**

Rollover all assets "in-kind" along with cash **Rollover** _____.

SEE COVER LETTER FOR DELIVERY INSTRUCTIONS

3. SIGNATURES

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

Participant's Signature: _____ **Date:** _____

Accepting Organization - Our organization agrees to serve as the Alternative Asset Administrator for the Alternative Asset Investment Account established hereunder for the above-named participant, and as Administrator we agree to accept the assets being rolled over hereunder.

RealTrust IRA Alternatives, LLC

By: _____ **Date:** _____

_____, Its Authorized Signatory



PARTICIPANT-DIRECTED 401(K) PLAN DISTRIBUTION REQUEST FORM

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Legal Name:

Address:

Date of Birth: Soc. Sec. No.:

Employer Name:

FOR DEATH DISTRIBUTIONS, COMPLETE THE FOLLOWING:

Beneficiary Name:

Soc. Sec. No.: Relationship: Date of Birth:

Address:

2. DISTRIBUTION REQUEST

YOU SHOULD CONTACT YOUR ACCOUNTANT, TAX ATTORNEY OR OTHER TAX ADVISOR REGARDING TAKING DISTRIBUTIONS FROM YOUR QUALIFIED PLAN AND FOR INFORMATION ON THE DEADLINES FOR CORRECTING EXCESS CONTRIBUTIONS AND THE NECESSARY TAX REPORTING THAT YOUR PLAN IS REQUIRED TO PREPARE.

- 1. Early (premature) distribution (Participant is under age 59½ and no known exception applies).
- 2. Early (premature) distribution. (Participant is under age 59½ and an exception applies).
- 3. Permanent Disability (if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code).
- 4. Death (If you are a Beneficiary of this account and can furnish a certified copy of the Death Certificate).
- 5. Normal Distribution (If you are the Participant and age 59½ or older).
- 6. Removal of Excess/Nondeductible Contribution plus earnings before tax filing deadline.
In which tax year was the contribution made? _____ Is the contribution plus earnings being removed in the same year? Yes No
- 7. Removal of Excess Contribution (principal only) after tax filing deadline.
- 8. Prohibited Transaction.
- 9. Plan Termination.
- 10. Conversion to a Roth IRA.
- 11. In-service Distribution.
- 12. Direct Rollover. (attached Rollover Form from accepting Entity) Payable to: _____
- 13. Other (specify reason not listed above): _____

3. FINANCIAL INFORMATION

I instruct the Administrator to distribute from the above account.
Choose either 1 or 2.

- 1. The entire account balance
- 2. Partial distribution

Payment Instructions:

- Issue check to Participant/Beneficiary
- Send Wire to Participant/Beneficiary*
- Distribute Funds to Account # _____
- In-Kind _____ asset*
- Other: _____

*Additional information/documentation required.

Amount Requested	\$ _____
Administrative Fees	(-)\$ _____
<input type="checkbox"/> Check this box if fees paid from remaining account assets	
Amount Withdrawn (reported to IRS)	\$ _____
Federal Income Tax Withheld	(-)\$ _____
Net Amount Paid to Recipient	\$ _____



PARTICIPANT-DIRECTED 401(K) PLAN DISTRIBUTION REQUEST FORM (continued)

Real Choice. Real Control. Real Trust.

4. METHOD OF PAYMENT

Until I give written instructions to the contrary, I direct the Administrator to distribute the amount requested as follows:

1. Date payment(s) to commence: _____
2. Distribution(s) to be made:
 One-time monthly quarterly semi-annually annually other _____
3. Make payment(s) to me directly: Account # _____ Other: _____

5. WITHHOLDING ELECTION

MANDATORY WITHHOLDING

This section applies if the distribution is not an "eligible rollover distribution" as described in IRC 402(c). I understand I will receive only 80% of the payment requested above since the Plan Administrator is required to withhold 20% of the distribution and send it to the IRS as income tax withholding to be credited against my taxes.

PLEASE DO NOT COMPLETE THIS SECTION IF DIRECTLY ROLLING OVER ASSETS.

- Option 1. Withhold Federal income tax at the rate of _____ % (not less than 10%) plus an additional amount of \$ _____ from the amount withdrawn.
- Option 2. Effective _____, I elect not to have Federal income tax withheld. (Must have US Residence address on file)

I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

6. SIGNATURES

I certify that I am the proper party to receive payment(s) from this the subject account, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding set forth above and have completed the Withholding Election above. I further certify that no legal or tax advice has been provided me by Administrator, that distributions (except certain transfers) are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Administrator shall in no way be responsible for those consequences.

PARTICIPANT'S OR BENEFICIARY'S SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATORY—ADMINISTRATOR: _____ DATE: _____



PAYMENT AUTHORIZATION DIRECTIVE

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participant: Account No.:

Asset Name: Ownership %:

2. PAYMENT DETAILS

PAYMENT TYPE: Property Taxes Insurance Mortgage Utilities Other: _____

PAYMENT FREQUENCY One-time As Invoiced Monthly Annually Other: _____

AMOUNT TO BE PAID: \$ **BY** CHECK OR WIRE (complete wire form)

CHECK PAYABLE TO:
(Name and Address)

3. SPECIAL INSTRUCTIONS

4. SIGNATURE OF PARTICIPANT

I hereby certify and represent that the above-described asset is held in my Alternative Asset Investment Account administered by RealTrust IRA Alternatives, LLC (Administrator) and that the requested payment is an appropriate expense directly related to a proper purpose with respect to such asset. I direct Administrator to disburse the specified funds from my account to the identified recipients in accordance with the terms hereof. I understand and acknowledge that the requested disbursement will be processed in ordinary course unless an expedited processing service is requested and paid for by me. I understand and acknowledge that it is my responsibility to ensure that sufficient funds are available in my account to meet the subject obligation and that I must deliver this Payment Authorization to Administrator to allow sufficient time for processing and delivery to the payee to occur in a timely manner. I hereby release, indemnify and hold Administrator harmless from any and all liability that may arise as a consequence of Administrator carrying-out this directive in accordance with the terms hereof.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____



CHANGE OF BENEFICIARY DESIGNATION

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Name: Account No.:

2a. BENEFICIARY DESIGNATION

Name:	<input type="text"/>	Primary	<input type="checkbox"/>	Contingent	<input type="checkbox"/>		
SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>	Relationship:	<input type="text"/>	Share:	<input type="text"/>
<hr/>							
Name:	<input type="text"/>	Primary	<input type="checkbox"/>	Contingent	<input type="checkbox"/>		
SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>	Relationship:	<input type="text"/>	Share:	<input type="text"/>
<hr/>							
Name:	<input type="text"/>	Primary	<input type="checkbox"/>	Contingent	<input type="checkbox"/>		
SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>	Relationship:	<input type="text"/>	Share:	<input type="text"/>

2b. 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.

Printed Name of Spouse: _____

Spouse's Signature: _____ Date: _____

3. PARTICIPANT SIGNATURE

This change of beneficiary designation supersedes any other previous designation. 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). I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.

Participant's Signature: _____ Date: _____

4. ACCEPTANCE

The Administrator acknowledges and accepts receipt of this Change of Beneficiary Designation.

RealTrust IRA Alternatives, LLC

By: _____ Date: _____

_____, Its Authorized Signatory



Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participant:

Account No.: Account Type:

2. WIRE DETAILS

BANK NAME:

BANK ADDRESS:

BANK ROUTING NUMBER:

NAME ON BANK ACCOUNT:

ADDRESS OF ACCT HOLDER:

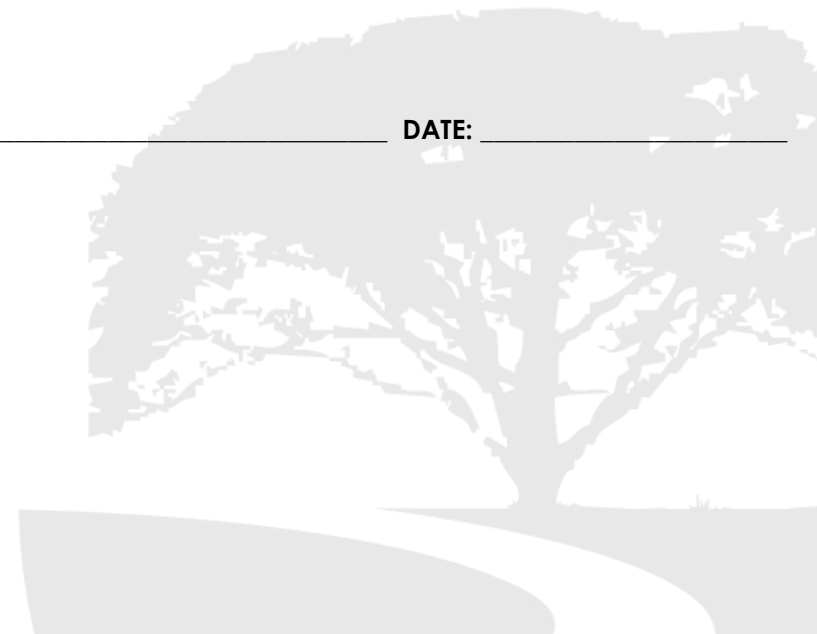
ACCOUNT NUMBER:

SPECIAL INSTRUCTIONS:

3. SIGNATURE OF PARTICIPANT

I hereby certify that the foregoing information is true and accurate and I authorize RealTrust IRA Alternatives, LLC to initiate such wire transfer in accordance with these instructions.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____





INTERESTED THIRD PARTY DESIGNATION

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participant's Name:

Acct No.:

2. INTERESTED PARTY INFORMATION

Please complete the information below to authorize your spouse, financial advisor, accountant, attorney, or other third party to receive information concerning 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 or initiate transactions. This form must be completed in full and will only be accepted with original signatures.

Name:

Address:

Phone:

Fax Number:

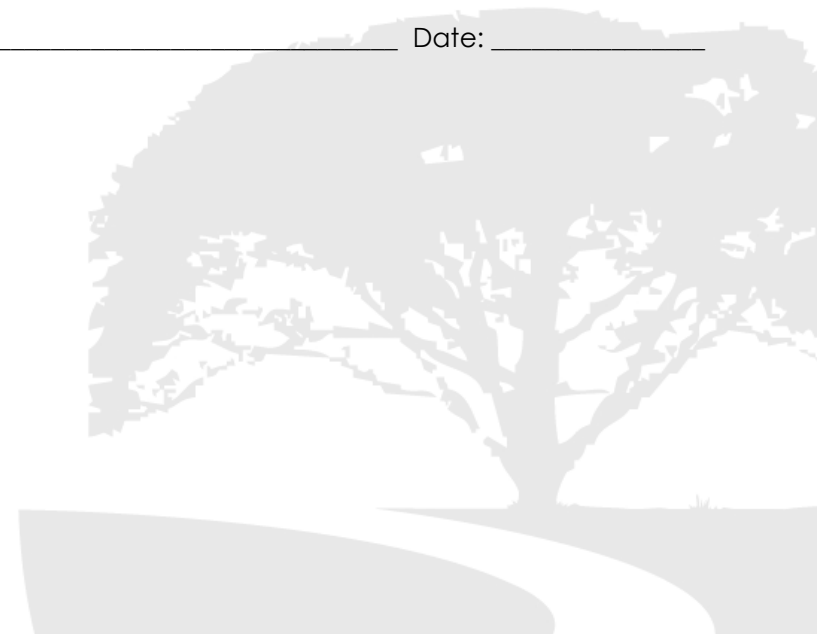
Email Address:

Relationship to Client:

3. PARTICIPANT SIGNATURE

I hereby authorize Administrator 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. Participant hereby agrees to release, indemnify and hold Administrator harmless against all claims, actions, costs and liabilities, including attorneys' fees, arising out their reliance upon the instant Third Party Designation. This indemnity and hold harmless provision shall survive any Termination of this Third Party Designation.

Participant's Signature: _____ Date: _____





ASSET PURCHASE DIRECTIVE

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participant:

Account No.: Account Type:

2. INVESTMENT INFORMATION

Asset Description:

Closing Agent Contact Information:

Percentage of Asset Ownership: Total Purchase Price:

IF YOU ARE PURCHASING:

REAL ESTATE IS THE PROPERTY TO BE MORTGAGED? YES NO

NOTES THIS IS A NEW NOTE EXISTING NOTE

IS THIS A SECURED NOTE? YES NO

INTEREST RATE: _____ MATURITY DATE: _____

OTHER ASSETS NO. OF SHARES _____ PRICE PER SHARE: _____

HOW WOULD YOU LIKE TO FUND THE INVESTMENT:

CHECK WIRE (Please complete Outgoing Wire Instruction Form)

Make check payable to: _____

Mail check to: _____

SPECIAL INSTRUCTIONS:

3. SIGNATURE OF PARTICIPANT

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 Directive. I further acknowledge that Administrator hereunder 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 prior to initiating the instant directive. I understand and agree that I have the sole responsibility for the investment of the assets held within the account established hereunder and compliance with the legal requirements pertinent thereto. I further acknowledge that the only responsibility Administrator has under this directive, or otherwise, is to follow my appropriate written instructions (upon forms supplied by Administrator). Administrator is not a fiduciary with respect to me or the subject account and will not determine the suitability of such investment or its compliance with applicable law. I understand and acknowledge that it is my responsibility to determine whether any activity undertaken within the subject account 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 release, indemnify and hold Administrator harmless from and against any and all liability of any nature whatsoever that may arise as a consequence of Administrator carrying-out the directives I am providing hereunder.

PARTICIPANT'S SIGNATURE: _____ DATE: _____



ASSET SALE DIRECTIVE

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participant:

Account No.: Account Type:

2. INVESTMENT INFORMATION

Asset Description:

Closing Agent Contact Information:

Percentage of Asset Ownership: Total Sale Price:

THIS IS A PARTIAL SALE COMPLETE SALE OF ASSET

IF YOU ARE SELLING:

REAL ESTATE WILL THERE BE SELLER FINANCING? YES NO

.....

OTHER ASSETS NO. OF SHARES _____ PRICE PER SHARE: _____

SPECIAL INSTRUCTIONS:

3. SIGNATURE OF PARTICIPANT

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 Directive. I further acknowledge that Administrator hereunder 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 prior to initiating the instant directive. I understand and agree that I have the sole responsibility for the investment of the assets held within the account established hereunder and compliance with the legal requirements pertinent thereto. I further acknowledge that the only responsibility Administrator has under this directive, or otherwise, is to follow my appropriate written instructions (upon forms supplied by Administrator). Administrator is not a fiduciary with respect to me or the subject account and will not determine the suitability of such investment or its compliance with applicable law. I understand and acknowledge that it is my responsibility to determine whether any activity undertaken within the subject account 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 release, indemnify and hold Administrator harmless from and against any and all liability of any nature whatsoever that may arise as a consequence of Administrator carrying-out the directives I am providing hereunder.

PARTICIPANT'S SIGNATURE: _____ DATE: _____