

MidAtlanticIRA

Self-Directed Retirement Choices

Buy Direction / Precious Metals

PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

Rush Service is available for an additional fee

Incomplete paperwork will delay processing & additional fees may be incurred

NAME ON ACCOUNT _____

Please FAX, MAIL or EMAIL to:

MIRA ACCOUNT # _____

(Send only ONE way, please)

PRECIOUS METALS DEALER (Name, address, phone number, fax number of dealer whom your account will purchase the precious metals)

MidAtlantic IRA, LLC (MIRA)

125 South Carroll Street, Suite 250

Frederick, Maryland 21701

DEALER NAME _____

buydirections@MidAtlanticIRA.com

ADDRESS _____

301/360.9510 x204 office

CITY/STATE/ZIP _____

301/695.6244 fax

CONTACT PERSON _____

PHONE NUMBER _____

I authorize MidAtlantic IRA, LLC, administrator of my self-directed IRA, to accept completion of transaction details for the section below from this dealer, without verification by you. Read and sign below. MidAtlantic IRA, LLC will advise the dealer of this authorization and the funds in the IRA, and await confirmation from your dealer.

I hereby direct the administrator and/or custodian to BUY the following asset for my account: Please provide complete delivery instructions for your payment including name, address, city, state, zip. Incomplete instructions will delay payment for your asset, or misdirected funds. Such instructions are supplied by the seller of the asset.

DEPOSITORY NAME _____

There are numerous depositories that specialize in storage and safekeeping of precious metals. I understand that Custodian is not and cannot be held responsible for the actions of these depositories and I hereby release and hold harmless Custodian from any damages that I may incur with respect to my choice of depository and any activities or lack of activities on the part of said depository.

PAY ASSOCIATED TRANSACTION FEES BY (if no selection is made fees will be deducted from your account)

- Deduct my Account Credit Card (check one below)
- Credit Card on file
- See attached Credit Card Authorization

QUANTITY (Number of Units)	Metal Type	ASSET NAME OR DESCRIPTION (ie. - US Silver Eagle, 1 oz)	PROOF AM. EAGLE?	TROY oz each	PRICE (Per number of units, etc)	TOTAL PURCHASE PRICE (Quantity times price)

Not Responsible for Market Condition Variances: I understand that I have agreed and instructed the Custodian to follow the investment directions which I provide to Administrator in investing the principal, as confirmed by written direction letters or instructions to Administrator from the undersigned for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. I further understand that some transactions that I may direct or instruct Administrator to complete, especially commodities such as precious metals, that may be dependent upon the operation of global markets and entities, there could be fluctuation in price and condition of said investments from the time that I issue a direction letter to Administrator and the time when the transaction can actually be completed and recorded in my Account. I hereby agree to release, indemnify, defend and hold Administrator and Custodian harmless from any claims regarding the fluctuation in prices and/or condition of any transaction I direct or instruct Administrator to make on my behalf. I further agree to waive any claims that I may have, past, present or future, known or unknown, anticipated or unanticipated, with respect to the fluctuation or change in the price or condition of any investment that I direct or instruct Administrator to make from the time I deliver my direction or instruction letter to Administrator until the time the transaction is actually completed and recorded to my Account. I understand that this hold harmless and release shall apply equally to the Administrator and Custodian.

PLEASE READ

I understand that my account is self-directed and that the Administrator named in the disclosure statement received when the account was established will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that I have not requested that my administrator provide, and administrator has not provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that the administrator does not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, or any applicable federal, state or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that no one at MidAtlantic IRA, LLC has authority to agree to anything different than my forgoing understandings of MidAtlantic IRA, LLC policy. I understand that the administrator is not a fiduciary for my account as such term is defined by the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold harmless from any claims arising out of their investment, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. I also understand and agree that administrator will not be responsible to take any action should there be any default with regard to this investment.

I am directing you to complete this transaction as specified above. I confirm that the decision

to pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the administrator of my account.

I assume all responsibility in ensuring that administrator is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers.) This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to administrator.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE Owner of IRA LPOA or Interested Party

SIGNATURE _____

PRINTED NAME _____

DATE _____

FOR OFFICE USE ONLY Signature Verified

by _____ on ____/____/____