



IRA/401K Rollover Process & Checklist *“Made Easy”*

Fill out the following documents:

- Traditional or Roth Account Application page 1 (choose one)
 - Beneficiary Designation page 2
 - IRA Transfer/Direct Rollover Request page 3
 - Trading Authorization page 4
-
- Scan and email completed documents above along with a **copy of your statement from the plan you are rolling over and a copy of your driver's license** to your representative's email or fax to (561) 203-7827.
 - At this point, GoldStar Trust will contact the Custodian of your current plan on your behalf and have the amount you authorized transferred to your GoldStar Trust Precious Metals IRA. Depending on the type of retirement plan you have, you may need to contact your current custodian and initiate the rollover.
 - When the funds have been received and the purchase can be made, GoldStar Trust will notify Cornerstone.
 - When we agree on the timing of your purchase, you will be contacted to go over all the details for an electronic confirmation.
 - Upon completion of the purchase, Cornerstone will arrange the newly minted product to be shipped to the vault for login and safe keeping of your Precious Metals IRA.
 - Finally, GoldStar will provide a username and password for you to review your account online 24/7.

TRADITIONAL

IRA INDIVIDUAL RETIREMENT ACCOUNT
Simplifier® APPLICATION



PART 1. IRA OWNER

Name (First/MI/Last) _____
Street Address (Physical Required) _____
City/State/ZIP _____
Mailing Address (If different from Street Address) _____
City/State/ZIP _____
Social Security Number _____
Date of Birth _____
Home Phone _____
Daytime Phone _____
Email Address _____
Preferred Method of Contact _____

PART 2. IRA CUSTODIAN

Name GoldStar Trust Company
Address Line 1 P.O. Box 719 (Mailing)
Address Line 2 1401 4th Avenue (Street)
City/State/ZIP Canyon, TX 79015
Phone (800) 486-6888

What type of IRA are you opening?
 Traditional
 Simplified Employee Pension (SEP)

GoldStar Account Number _____

(To be completed by GTC)

PART 3. CUSTOMER IDENTIFICATION PROGRAM INFORMATION (CIP)

USA PATRIOT Act Notice

In order to comply with the USA PATRIOT Act, we must be able to identify our customer. All new accounts must provide us with either the driver's license information; a photocopy of an unexpired, photo-bearing, government-issued identification, such as a passport, military, veteran or similar ID; or a notarized document.

Driver's License # _____ State Issued _____
Issuance Date _____ Expiration Date _____

If you do not have a valid state-issued driver's license, you must provide a legible photocopy of a valid government-issued photo ID or a notarized document.

PART 4. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

1. Regular (Includes catch-up contributions)

Contribution for Tax Year _____

2. Rollover (Distribution from an IRA or eligible employer-sponsored retirement plan that is being deposited into this IRA)

By selecting this transaction, I irrevocably designate this contribution as a rollover.

3. Transfer (Direct movement of assets from a Traditional IRA into this IRA)

4. Recharacterization (A nontaxable movement of a Roth IRA contribution, conversion, or retirement plan rollover to a Roth IRA into this IRA)

By selecting this transaction, I irrevocably designate this contribution as a recharacterization.

5. SEP Contribution (Contribution made under a SEP plan)

IF YOU ARE 70½ OR OLDER THIS YEAR, COMPLETE THE FOLLOWING, IF APPLICABLE

(Checking any of the following will adjust your required minimum distribution.)

This is a rollover or transfer of assets removed last year. Date of Removal _____

This is a transfer from my deceased spouse's Traditional IRA and the assets were removed from the IRA in any year after death.

The value of my portion of my deceased spouse's IRA on December 31 of last year _____

This is a recharacterization of a conversion or taxable retirement plan rollover to a Roth IRA made last year.



ROTH INDIVIDUAL RETIREMENT ACCOUNT APPLICATION



PART 1. IRA OWNER

Name (First/MI/Last) _____
 Street Address (Physical Required) _____

 City/State/ZIP _____
 Mailing Address (If different from Street Address) _____

 City/State/ZIP _____
 Social Security Number _____
 Date of Birth _____
 Home Phone _____
 Daytime Phone _____
 Email Address _____
 Preferred Method of Contact _____

PART 2. ROTH IRA CUSTODIAN

Name GoldStar Trust Company
 Address Line 1 P.O. Box 719 (Mailing)
 Address Line 2 1401 4th Avenue (Street)
 City/State/ZIP Canyon, TX 79015
 Phone (800) 486-6888

GoldStar Account Number _____

(To be completed by GTC)

PART 3. CUSTOMER IDENTIFICATION PROGRAM INFORMATION (CIP)

USA PATRIOT Act Notice

In order to comply with the USA PATRIOT Act, we must be able to identify our customer. All new accounts must provide us with either the driver's license information; a photocopy of an unexpired, photo-bearing, government-issued identification, such as a passport, military, veteran or similar ID; or a notarized document.

Driver's License # _____ State Issued _____
 Issuance Date _____ Expiration Date _____

If you do not have a valid state-issued driver's license, you must provide a legible photocopy of a valid government-issued photo ID or a notarized document.

PART 4. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

- 1. Regular** (Includes catch-up contributions)
Contribution for Tax Year _____
- 2. Rollover** (Distribution from a Roth IRA or eligible employer-sponsored retirement plan that is being deposited into this Roth IRA)
By selecting this transaction, I irrevocably designate this contribution as a rollover.
- 3. Transfer** (Direct movement of assets from a Roth IRA into this Roth IRA)
- 4. Recharacterization** (A nontaxable movement of a Traditional IRA contribution into this Roth IRA)
By selecting this transaction, I irrevocably designate this contribution as a recharacterization.
- 5. Conversion** (A taxable movement from a Traditional IRA or SIMPLE IRA into this Roth IRA)
By selecting this transaction, I irrevocably designate this contribution as a conversion.

PART 5. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

PRIMARY BENEFICIARIES (The total percentage designated must equal 100%.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

CONTINGENT BENEFICIARIES (The total percentage designated must equal 100%.) (The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this IRA _____

PART 6. SPOUSAL CONSENT

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.

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.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the IRA owner my interest in the assets or property deposited in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

X _____
Signature of Spouse Date (mm/dd/yyyy)

PART 7. SIGNATURES

Important: Please read before signing.

I understand the eligibility requirements for the type of IRA deposit I am making, and I state that I do qualify to make the deposit. I have received a copy of the IRA Application, the 5305-A Custodial Account Agreement, the Financial Disclosure, and the Disclosure Statement. I understand that the terms and conditions that apply to this IRA are contained in this Application and the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the custodian.

I assume complete responsibility for

- determining that I am eligible for an IRA each year I make a contribution,
- ensuring that all contributions I make are within the limits set forth by the tax laws, and
- the tax consequences of any contributions (including rollover contributions) and distributions.

I expressly certify that I take complete responsibility for the type of investment instrument(s) I choose to fund my IRA, and that the Custodian is released of any liability regarding the performance of any investment choice I make.

X _____
Signature of IRA Owner Date (mm/dd/yyyy)

X _____
Signature of Custodian **FOR INTERNAL USE** Date (mm/dd/yyyy)



IMPORTANT! CONTACT YOUR CURRENT PLAN ADMINISTRATOR TO SEE IF THEY REQUIRE THEIR OWN PAPERWORK

GOLDSTAR IRA ACCOUNT OWNER

Name: _____ SS #: _____ Date of Birth: _____
Address: _____ Daytime Phone #: _____
E-mail: _____

CURRENT IRA OR QUALIFIED PLAN INFORMATION

Please provide a copy of a recent statement from your current IRA custodian or employer retirement plan.

Custodian's Name: _____ Account #: _____
Custodian's Address (physical if overnight): _____
City, State, & Zip _____ Phone #: _____

Type of existing IRA or Qualified Plan to be transferred or rolled over: (please choose one)

Traditional SEP IRA 401K 403(b) Pension Gov. 457 Plan Simple Other _____

ASSET LIQUIDATION INSTRUCTIONS

Asset Description	Quantity in IRA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In-Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECT ONE: Close my current account after transfer **OR** Partial transfer

SELECT ONE: Wire my funds to GoldStar Trust Company. I acknowledge that a wire fee may be charged by my current custodian.
 Send a check payable to GoldStar Trust Company (for the benefit of my IRA).

RMD - REQUIRED MINIMUM DISTRIBUTION RESTRICTION (AGE 70 ½ OR OLDER ONLY)

I authorize the trustee or custodian named above to: distribute my RMD to me prior to transferring my Traditional or SEP IRA assets,
 segregate and retain my RMD amount or include the amount that represents my RMD in the transfer. *Effective 1-1-2010*

THIS BOX FOR INTERNAL USE ONLY

GoldStar Trust Company agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

GoldStar Account Identification # _____
GoldStar Trust Company
Tax ID# 74-2557688

Authorized Signature for GoldStar _____ Date _____

SIGNATURE GUARANTEE: Check with your current custodian to determine if a Medallion Stamp Guarantee is required. This is NOT a requirement of GoldStar Trust Company.

CUSTOMER SIGNATURE

Transfers Only:

I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by GoldStar Trust Company.

Direct Rollovers Only:

I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold GoldStar Trust Company or the Plan Administrator of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

X _____
Account Holder's Signature Date



The Trading Authorization should be completed only if you wish your financial advisor, broker, financial planner, or other person of your choice to be authorized as your Account Representative. The company or organization under which your designated Account Representative operates will be referred to herein as 'broker dealer'.

Completion of this form will authorize GoldStar Trust Company ("GoldStar"), as custodian for your account, to do the following:

- Buy, sell, deliver and/or settle trades upon the direction of your Account Representative
- Provide your Account Representative with unlimited internet access to your account information
- Provide your Account Representative with an account statement, deposit confirmations and such other information as requested from time to time.

I further acknowledge that:

1. I understand that Account Representative is my authorized agent and is not in any way an agent, employee, or representative of GoldStar.
2. I understand that my Account Representative may be a registered representative of a broker dealer organization, a financial advisor or other person that I deem acceptable.
3. I understand that GoldStar is under no duty to investigate or inquire about my Account Representative or any directions or instruction given by my Account Representative.
4. I understand that it is solely my responsibility to direct my Account Representative to authorize and execute trades or other investments for my account, and that all instructions, directions and/or confirmations received from my Account Representative or his or her broker dealer shall be assumed by GoldStar to be authorized by me.
5. I instruct GoldStar to make or receive payment for security or other investment transactions as indicated by broker confirmations, applications or other requests for payment as received by GoldStar from my Account Representative.
6. I understand that I may replace my Account Representative by giving written notice to GoldStar and that removing my Account Representative will not cancel any instructions given by the Account Representative before GoldStar received written notice that a new Account Representative has been designated.
7. I understand that if my Account Representative should leave the company or organization (also designated herein as my broker dealer), the broker dealer of record will remain on my account unless I change this designation by written notice to GoldStar.
8. I agree to indemnify and hold GoldStar harmless for any loss or breach of any kind because GoldStar acted in reliance on instructions from me, my Account Representative, his or her agent(s) or his or her broker dealer.

This agreement shall be interpreted and construed under the laws of the State of Texas, without regard to conflict of law principles. If a dispute arises out of or relates to this agreement, or the performance or breach thereof, the parties agree first to try in good faith to settle the dispute by mediation rules of the American Arbitration Association, before resorting to arbitration. Thereafter, any remaining unresolved controversy or claim arising out of or relating to this agreement, or the performance or breach thereof, shall be settled by arbitration in accordance with the commercial arbitration rules of the American Arbitration Association. Any mediation or arbitration shall be conducted in Canyon, Texas. The sole arbitrator shall be a retired or former judge of the Randall County Superior Court. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.



I attest by my signature below, that I understand and agree to the terms of this Trading Authorization and that I choose the person listed below as the Account Representative on my GoldStar IRA account.

Signature of IRA Holder: _____ Date _____

Printed Name of IRA Holder: _____ Account # or SSN # _____

Account Representative Name: CORNERSTONE ASSET METALS Salesman or Rep. # 9359

Account Representative Mailing Address: 820 WEST INDIANTOWN RD STE 103

City JUPITER State FL Zip 33458

Phone #: 888-747-3309 Fax #: 561-203-7827 Email Address: ADMINMGR@CAMMETALS.COM

Broker Dealer (company) Name: CORNERSTONE ASSET METALS

Broker Dealer (company) Mailing Address: 820 WEST INDIANTOWN RD STE 103

City JUPITER State FL Zip 33458

Phone #: 888-747-3309

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GOLDSTAR TRUST COMPANY

FEE SCHEDULE for Self-Directed Traditional, Roth, SEP or SIMPLE IRAs and ESAs

P. O. Box 719
Canyon, TX 79015
(800) 486-6888
Fax (806) 655-2490
Info@goldstartrust.com

ACCOUNT FEES BY ASSET TYPE

Annual Maintenance, Asset Holding and Depository Storage Fees are due when the account is established and billed annually thereafter on the account opening anniversary date. • Annual Fees are not prorated. • Accounts holding multiple asset types: only one Maintenance Fee will be charged based on the asset type with the greater fee.

PRECIOUS METALS

One-Time Establishment Fee	\$50	Due with application; nonrefundable
Annual Maintenance Fee	\$75 min. / \$275 max.	\$1 per \$1000 of market value greater than \$100,000 (10 basis points) **
Annual Depository Storage Fee	\$100 min. / No max.	\$1 per \$1000 of precious metals value greater than \$100,000 (10 basis points)
Buy, Sell or Exchange	NO FEE	
Partial Distribution or Transfer In-Kind	\$40 + cost of shipping	IRA holder is responsible for actual shipping, handling and insurance costs

PERTH MINT CERTIFICATES

One-Time Establishment Fee	\$50	Due with application; nonrefundable
Annual Maintenance Fee	\$75 flat	
Annual Asset Holding Fee	\$150	
Partial Liquidation/Re-registration Fee	\$40	

BANK ACCOUNTS OUTSIDE THE U.S.

Annual Maintenance Fee	\$75 min. / \$275 max.	\$1 per \$1000 of market value greater than \$100,000 (10 basis points) **
Annual Asset Holding Fee	\$200	
Additional Purchase and/or Liquidation Order	\$75	

SWISS ANNUITIES

Annual Maintenance Fee	\$75 min. / \$275 max.	\$1 per \$1000 of market value greater than \$100,000 (10 basis points) **
Annual Asset Holding Fee	\$25	
Purchase, Distribution or Transfer	\$100	
Modification or Surrender	\$50	

STANDARD ASSETS: Includes any number or combination of Fixed-Rate Investments, Bank Certificates of Deposit, Money Market Funds, Mutual Funds, Publicly Traded Securities in U.S. Exchanges, Privately Offered Stock, Brokerage Accounts, REITs, Limited Liability Company Stock, Secondary Market Annuities, Crowdfunding Investments, Structured Cash Flows and Hedge Funds.

One-Time Establishment Fee	\$25	Due with application; nonrefundable
Annual Maintenance Fee	\$65 flat	
Additional fees charged when applicable:		
Hedge Fund Annual Asset Holding Fee	\$50	Unlimited number of hedge funds allowed
Transaction Fees for Security Trades	\$25 each + brokerage fees (at cost)	Applies to stock trades through GoldStar's omnibus account

CHURCH BONDS / CHURCH LOAN AND EXTENSION FUNDS

Annual Maintenance Fee	\$45 flat	Church Bonds/Loan and Extension Fund investments only
Partial Transfer or Distribution In-Kind Fee	\$25	
Bond Re-Registration Fee: GoldStar Bonds	\$10 each	Subject to other Trustees' re-registration fees Church Bonds/Loan and Extension Fund investments only
Bond Re-Registration Fee: Other Bonds	Varies	
Full Termination Fee	\$50	

SERVICE FEES

Distribution Via Check Fee	\$5	Partial Transfer of Cash Fee	\$25
Distribution Via ACH	NO FEE	Partial Transfer of Assets / Distribution In-Kind Fee	\$40
Wire Fee	\$25	Recharacterization Fee	\$40
Overnight Fee	\$25	Excess Contribution Removal Fee	\$40
Research Assistance Fee	\$50/hour	Roth Conversion Fee	\$40
Insufficient Funds / Returned Check Fee	\$50	Late Fee: <i>Applies to any fees not paid within 30 days of the due date.</i>	\$25 per occurrence
Full Termination Fee	\$100		

CASH MANAGEMENT FEE: GoldStar Trust Company receives a monthly record keeping fee on the uninvested cash equal to .000833 or 1.00% per annum. If and when the interest rate earned on the uninvested cash in a given month is below 1.15%, .15% will be paid on the uninvested cash and the difference will be retained as the record keeping fee. Interest earnings will be posted monthly to each account. No interest will be earned during the month an account closes.

RIGHT TO MAKE ADJUSTMENTS TO THIS FEE SCHEDULE: GoldStar Trust Company reserves the right to make any adjustments in its fees for custodial or agency services when such adjustments are warranted by changes in governing laws, regulations, operating technology or economic conditions. This schedule may be modified only upon revision by GoldStar of its published schedule of IRA fees. Such fees shall become effective on the 30th day after mailing the notice of such revision to the participant at the address shown on the records of GoldStar.

** The minimum \$75 Maintenance Fee applies up to \$100,000 of market value; thereafter, 10 basis points applies.

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