



**TRANSACTION FEES (i.e. Set-up Fee, Wire Transfer, Overnight Courier, etc.) to be paid by:** *The fees which apply to completing this transaction. If no indication is made, fee will be deducted from your un-invested cash balance if available.*

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Choose one:

Your Account

Check

Credit Card\*\*

\*\*PLEASE COMPLETE CREDIT CARD INFORMATION SECTION 

### CREDIT CARD INFORMATION

Card Type

Name on Card

Billing Address

Billing City

State

Zip

Signature

Card Number

Security Code

Expiration Date

### SIGNATURE

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I understand that my account is self-directed and that the Administrator and Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to selling any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided, any advice with respect to the investment set forth in this Payment Authorization Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator nor the Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Inter Revenue Code (IRC), 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 American IRA, LLC or any of its licensees has authority to agree to anything different than my foregoing understandings of American IRA, LLC policy. I understand that the administrator is not a fiduciary for my accounts as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold administrator or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified, or otherwise in compliance with ERISA, the IRC, 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 with 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 and/or Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Payment Authorization Letter is found to be illegal, invalid, void, or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect. For purposes of this Payment Authorization Letter, the terms Administrator and/or Custodian include American IRA, LLC, its agents, assigns, employees, joint ventures, licensees, franchises, affiliates and/or business partners. 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.

**Transactions with insufficient funds will not be processed until sufficient funds are received. If fees are being deducted from your account, the full amount of the transaction plus fees must be available before you transaction can be processed.**

Signature:

Date: