

This form is to be completed and submitted with the INVESTMENT AUTHORIZATION form.

Return by regular or overnight mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104
Fax: 605-415-4296 | Email: investment@IRAFinancialTrust.com | For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

FULL NAME _____ PHONE NO. _____ ACCOUNT NUMBER _____

B. IRA LLC NAME**C. QUESTIONNAIRE**

1. Will your IRA LLC be lending funds to a family member?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

2. Will your IRA LLC be investing jointly with a family member who is using their personal funds?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

What is the percentage of ownership of each? Self: _____ % Family Member: _____ %

3. If your IRA LLC is investing in a company, do you or any family member own any personal shares/units in that company?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

4. If your IRA LLC is investing in a company, are you or any family member employed by that company?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

5. If your IRA LLC is investing in a company, are you or any family member the main decision-maker or majority owner of that company?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

6. If your IRA LLC is investing in a company, will you or any family member receive any personal gain, whether directly or indirectly?

Yes No

If yes: How are you related to the family member? (Write "self" if yourself): _____

7. Additional comments and/or explanations:

D. SIGNATURE

IRA Owner Signature

Date (mm/dd/yy)