

FUNDS REQUEST FORM CRYPTOCURRENCY

13905 W. Wainwright Dr. Boise, ID 83713 Phone: (208) 510-0859 Fax: (208) 376-4567

Note: If you wish to request funds from your ETZ Soft, Inc. account to your Mountain West IRA, Inc. account, ensure that the liquidation process is completed PRIOR to completing this form.

Otherwise, the transfer of your funds may be delayed.

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A: ACCOUNT INFORMATION			
Account Holder Name:		MWIRA Account No.:	
Address:			
Last 4 of SSN:	Birth Date:	Phone:	
B: REQUESTED FUNDS			
B1. ETZ Soft, Inc. Account No.:		B2. Total: \$	
B3. Complete Funds R	equest	Partial Funds Request	
ETZ Soft, Inc.: Use this form to move funds from the above referenced ETZ Soft, Inc. account directly to Mountain West IRA, Inc. per the attached wire instructions.			
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 document. 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 Internal 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 neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or claims by others, arising out of this Note Payoff Confirmation and/or this investment, including, but not limited to, claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the IRC and/or any other applicable federal, state or local laws. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are named as a party, Administrator and/or Custodian shall have the full unequivocal right at their sole discretion to select their own attorneys to represent them in such a litigation and deduct from my account any amounts to pay for costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, an/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian 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 sell 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 Funds Request Form 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 document, the terms Administrator and/or Custodian include Mountain West IRA, Inc., its agents, assigns, 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 your transaction can be processed.			
AUTHORIZED BY (Check One)			
Account Holder			
Limited Power of Attorney		Signature	Date



BANK OF IDAHO INCOMING WIRE INSTRUCTIONS

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A: CLIENT INFORMATION

Account Holder Name: MWIRA Account No.:

B: BANKING INSTRUCTIONS

BENEFICIARY BANK

• Routing #: 124103676

· Bank of Idaho

• 399 N Capital Ave. Idaho Falls, ID 83402

BENEFICIARY

Account Number: 11000****

Account Name: Mountain West IRA

Account Address: 13905 W. Wainwright Dr. Boise, ID 83713

Please call 866-377-3311 (option 1) to obtain the last 4 digits of the bank account number.

Please Note:

- Do <u>NOT</u> list the client's name and account number as the Bank Account Name or Bank Account Number on the wire.
- Enter this information only in the Notes section of the wire.

Mountain West IRA reserves the right to reject and return any wire that does not contain the required information.