



PRECIOUS METALS FEE SCHEDULE

Traditional IRA, Roth IRA, SEP, SIMPLE, and Qualified Plan

13905 W. Wainwright Dr.
Boise, ID 83713
Phone: (866) 377-3311
Fax: (208) 376-4567

1. ACCOUNT INFORMATION

Your Name: _____ Account No.: _____

2. STORAGE OPTIONS

Mountain West IRA does not provide the storage of your IRA's precious metals. You will need to select a storage provider. Storage fees will be billed to and must be paid by the IRA account.

3. RECORDKEEPING FEES

Paid upon initial account funding and quarterly thereafter.

Recordkeeping Fee = .00075 (.075%) of the Total Account Value

Minimum Quarterly Recordkeeping Fee: \$32.50

Maximum Quarterly Recordkeeping Fee: \$75.00

CASH ONLY accounts will be charged \$30 quarterly. Quarterly Recordkeeping Late Payment Fee: \$25

4. SERVICE FEES

Account Establishment Fee: \$50 – Due when application is received.
New accounts that do not fund within 60 days may be closed at Mountain West IRA's discretion.

BANK FEES

- ACH Transfer or Trust Check: **\$5**; Expedited Processing: **\$25**
- Cashier's or Other Official Bank Check: **\$20**
- Wire Transfer: **\$25**; International Wire Transfer: **\$75**

TRANSACTION FEES

- Additional Funding: **\$40**
- Certified Mail: **\$10**
- Full Account Termination: **\$150** - Plus bank & re-registration fees (if applicable)
- Internal Transfer: **\$50**
- Partial Outgoing Transfer: **\$95** - Plus bank & re-registration fees (if applicable)
- Purchase, Sale, Exchange or Re-Registration of Asset (per precious metal): **\$40** - Plus bank fees (if applicable)
- Roth Conversion or Re-characterization: **\$50**

OTHER FEES

- Expedited Investment Processing: **\$95**
- Individual (k) Plan Document Fee: **\$300/year** - Per Plan EIN
- Overnight Mail: **\$50**
- Paper Statement: **\$15/quarter** (electronic statements provided at no charge)
- Recordkeeping Fee Late Payment: **\$25** (when unpaid within 30 days of the invoice date)
- Re-processing of Incomplete Documents: **\$25** - Plus bank fees (if applicable)
- Returned Item or Stop Payment Request: **\$35**
- Special Services & Legal Research: **\$150/hour** (research of closed accounts etc.)

5. FEE PAYMENT METHOD

All ongoing fees will be paid using the selected payment method below.

CREDIT CARD

(All major credit cards accepted)

FUND FROM ACCOUNT

CHECK

Credit Card Number: _____ Exp. Date: _____

Exact Name on Card: _____ Security Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

CHARGE CREDIT CARD FOR ACCOUNT ESTABLISHMENT FEE

Please indicate the payment method you wish to use to pay ongoing fees with in the box to the left.

BILL THIRD PARTY - Name & Phone Number of Third Party: _____

Billing party must be pre-arranged through MWIRA. If for any reason, third party is unwilling or unable to pay fees, the account holder is responsible.

Recordkeeping fees are not prorated and are normally withdrawn from your un-directed funds unless you submit payment directly by check, credit or debit card. Fees paid from your account will be reflected on your statement. *You may also pre-pay fees by check, credit or debit card. Accounts paying fees by check, or those carrying a \$0 cash balance, must be paid in advance and are required to maintain a \$500 credit with the administrator. If there are insufficient un-directed funds in your account, we may liquidate other assets in your account to pay for such fees after a 30-day notification, in accordance with your Plan and Trust Disclosure. You agree and direct the Administrator that your un-directed cash is placed in government insured instruments, including FDIC insured banks, unless we are otherwise directed by you. In accordance with your plan and trust disclosure which you received as a part of your Application, Custodial fees are part of the plan and trust disclosure. In accordance with your Account Application, this Fee Schedule is part of your Agreement with Administrator and must accompany your Application.

PLEASE SUBMIT THIS FORM VIA DROPBOX SIGN, FAX, OR MAIL TO:

Mountain West IRA
13905 W. Wainwright Dr.
Boise, ID 83713
Fax: (208) 376-4567



Signature: _____ Date: _____