



IRA RESOURCES, INC.

Electronic Communication & Signature Authorization Form

1. ACCOUNT OWNER INFORMATION

Form with fields: Full Name (as it appears on your account application), Account Number, Account Type (checkboxes for Traditional, Roth, SEP, SIMPLE, HSA, ESA), Email Address, Daytime Phone Number.

2. ACCOUNT OWNER SIGNATURE AND ACKNOWLEDGEMENT

Your signature is required. Please ensure that you read and acknowledge the following disclosure before you sign and date this form.

I, the client, desire to transmit directions, instructions, messages, and other communications (collectively, "Communications") to IRAR Trust Company and IRA Resources ("IRAR") from the e-mail address listed above (the "Authorized E-mail Address").

I authorize IRAR to act upon any and all Communications that indicate that they were sent from the Authorized E-mail Address.

I agree that any and all Documents signed using an Authorized Electronic Signature shall be deemed to be signed by myself; as if I had signed the Document by hand.

I agree to indemnify, defend, and hold IRAR harmless from every loss, liability, cost, expense, damage, claim, action, and cause of action, including attorneys' fees and costs, whether or not a lawsuit or arbitration is filed, arising from- or relating to -IRAR's reliance on any and all Communications that indicate that they were sent from the Authorized E-mail Address and acceptance of any and all Documents signed using an Authorized Electronic Signature.

I agree to take all measures reasonably necessary to prevent unauthorized access to and the unauthorized use of the Authorized E-mail Address and an Authorized Electronic Signature.

ACCOUNT OWNER SIGNATURE (Print and sign. Electronic signature is NOT accepted on this form.) DATE

Submission Options

Table with 3 columns: FAX (858) 459-6565, EMAIL forms@iraresources.com, MAIL IRA Resources 1000 Broadway, Suite 350 Oakland, CA 94607