

# ACCOUNT APPLICATION

Exhibit A



Please complete the form below and return it with the required documents to TDS via fax: 310.319.0317 or email: service@tdsvaults.com

**ENTITY** \* = required fields The required documents are to be used solely for verification purposes.

**Type of Entity \***

**INDIVIDUAL**

Individual

**Documentation Requirements:**  
• Copy of **International / US Passport** or **US Drivers License**

**BUSINESS**

LLC  Corporation  Partnership  Trust  Other

**Documentation Requirements:**  
• Copy of **International / US Passport** or **US Drivers License** (each owner with 10% or more in entity ownership)  
• Copy of **Articles of Incorporation** or **Formation Agreement**

**OWNER**

<b>First Name *</b> <input type="text"/>	<b>Last Name *</b> <input type="text"/>	<b>Company Name</b> <input type="text"/>	<b>Federal Tax ID Number (if applicable)</b> <input type="text"/>
<b>Work Number *</b> <input type="text"/>	<b>Mobile Number</b> <input type="text"/>	<b>Fax Number</b> <input type="text"/>	<b>Emergency Number</b> <input type="text"/>
<b>Email *</b> <input type="text"/>		<b>Passport Number</b> <input type="text"/>	<b>Drivers License Number</b> <input type="text"/>

**BILLING ADDRESS**

**Address \***

<b>City *</b> <input type="text"/>	<b>State or Province *</b> <input type="text"/>	<b>Postal Code *</b> <input type="text"/>	<b>Country *</b> <input type="text"/>
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**ADDITIONAL AUTHORIZED SIGNER(S)** Provide a copy of the signer's passport or drivers license for verification purposes.

	<b>First Name</b>	<b>Last Name</b>	<b>Passport Number</b>	<b>Drivers License No.</b>	<b>Email</b>
<b>1</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SETTINGS**

**Notification Preference \***  
 Mail - Hard Copy Only  Email - Go Paperless Only

**REFERRER**

**Referring Company / Institution \***

The undersigned hereby represents: the above information is true, correct and complete; and that the undersigned is the legal and beneficial owner of the assets to be deposited. The undersigned agrees to inform TDS, of his own accord, of any changes to the above information. By signing this application, the undersigned further represents they have read and hereby agrees to be bound by the terms and conditions of the Precious Metals Storage Agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Owner's Signature (if applicable)

\_\_\_\_\_  
Date

**INTERNAL USE ONLY**

Approve Initials:  
 Deny Notes: