

ACCOUNT APPLICATION

Exhibit A



Please complete the form below and return it with the required documents to TDS via fax: 424.313.5590 or email: service@tdsvaults.com **ENTITY** * = required fields The required documents are to be used solely for verification purposes. Type of Entity * **BUSINESS INDIVIDUAL** Partnership Trust () Individual () LLC **Corporation** () Other **Documentation Requirements: Documentation Requirements:** Copy of International / US Copy of International / US Passport or US Drivers License (each owner with 10% or more in entity ownership) Passport or US Drivers License Copy of Articles of Incorporation or Formation Agreement **OWNER** First Name * Last Name * **Company Name** Federal Tax ID Number (if applicable) Work Number * Mobile Number Fax Number **Emergency Number** Email * **Passport Number Drivers License Number BILLING ADDRESS** Address * City * State or Province * Postal Code * Country * ADDITIONAL AUTHORIZED SIGNER(S) Provide a copy of the signer's passport or drivers license for verification purposes. **First Name Last Name Passport Number** Drivers License No. **Email First Name Last Name Passport Number** Drivers License No. **Email** First Name **Last Name Passport Number** Drivers License No. **Email SETTINGS** REFERRER **Notification Preference** Referring Company / Institution * Mail - Hard Copy Only Email - Go Paperless Only 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 and authorizes TDS to obtain a credit report. Print Name Print Name Owner's Signature Date Additional Owner's Signature (if applicable) Date INTERNAL USE ONLY

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