

ACH allows you to make deposits or contributions electronically, from your bank or credit union ("depository institution") account, to your ETC Brokerage account. Note: An ACH schedule can only be established on a monthly basis.

1 ACCOUNT INFORMATION			
ACCOUNT REGISTRATION		ACCOUNT NUMBER	
LAST 4 DIGITS OF SSN	DATE OF BIRTH	PRIMARY DAYTIME PHONE NUMBER	EMAIL ADDRESS
This is for my (choose only one): <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> HSA <input type="checkbox"/> SIMPLE <input type="checkbox"/> Other: Type _____			

(Please contact the depository institution to verify the proper information that should be used to debit your account.)

2 TRANSFER INSTRUCTIONS	
Please mark the appropriate box: <input type="checkbox"/> New Instructions <input type="checkbox"/> Change Existing Instructions <input type="checkbox"/> Terminate Existing ACH Schedule	
ACH CONTRIBUTION AMOUNT (Minimum \$50 required)	DATE OF MONTHLY TRANSFER (Please specify 1st through 28th. If no date is selected, withdrawals will occur on the 15th.)

On Demand: To authorize your Designated Representative to submit a request for a one-time ACH transfer, establish a recurring ACH schedule, or cancel, suspend or change an existing ACH schedule.

3 DEPOSITORY INSTITUTION INFORMATION	
DEPOSITORY INSTITUTION NAME	DEPOSITORY INSTITUTION PHONE NUMBER
DEPOSITORY INSTITUTION CITY, STATE, ZIP CODE	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
DEPOSITORY INSTITUTION ROUTING NUMBER (ABA)	
ACCOUNT NUMBER	NAME ON ACCOUNT

Consult with your tax/financial advisor or representative to determine the amount you are eligible to contribute.

I hereby authorize ETC Brokerage to initiate ACH transfers, on the day specified above, from my account at my depository institution named above. I understand that I am responsible for maintaining a sufficient cash balance in my depository institution account to permit the ACH transfers to be made.

- Contributions will be coded for the calendar year they are received.
- ACHs will continue to be drawn from your depository institution account until written instructions are received by ETC Brokerage from you to stop requests.
- In order to take advantage of this service, your depository institution must be a member of the Automated Clearing House. In addition, you must be named on the account at the depository institution where the funds will be withdrawn.

This authorization is to remain in full force until ETC Brokerage has received written notification from me of its termination in such time and in such manner as to afford ETC Brokerage and the above named depository institution a reasonable opportunity to act on it. I understand that any future changes to my ACH bank draft instructions including but not limited to amount changes, a change in depository institution or depository institution account number must be made in writing on this form and received by ETC Brokerage. In addition, I agree to allow seven (7) business days for such changes to be processed by ETC Brokerage. Should I neglect to inform ETC Brokerage of any changes, I agree to hold harmless ETC Brokerage and any of its affiliates for any losses that I might incur.

I further understand that ETC Brokerage will not charge a fee for this service, but that the depository institution may charge me. Should my account at the depository institution have insufficient funds on the date of the debit, I understand that I will be charged an insufficient funds fee. I further understand that if my account has insufficient funds on three separate withdrawal attempts during the year, ETC Brokerage may automatically cancel these instructions without written or verbal warning. If for any reason my ACH contribution is recalled and an investment purchase had been made with the funds, I understand that ETC Brokerage may redeem the funds necessary from assets held within my account to cover ETC Brokerage's losses without my prior authorization. I agree to hold harmless ETC Brokerage and any of its affiliates for any losses that I might incur should my account at my depository institution have insufficient funds or if the depository institution or in anyway delay, recall, or make an error in ETC Brokerage's request to debit my account. I understand and agree to cover any market losses that may result in redemption of assets that were purchased with insufficient funds.

I understand that uninvested deposit/contributions to my account will be handled pursuant to the terms of my Custodial Account Agreement. I further understand that ETC Brokerage is not responsible for monitoring the amounts I have contributed to avoid a possible over contribution. I agree to be solely responsible for ensuring that the correct amounts are contributed to my Account as noted above.

SIGN & DATE

I represent and warrant that the above information is true. I also understand that ETC Brokerage or any of its agents, successors, agents or affiliates may not process this request in the event it has reasonable grounds to believe the foregoing is untrue.

ACCOUNT OWNER'S SIGNATURE	DATE	JOINT ACCOUNT OWNER'S SIGNATURE (if applicable)	DATE
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