



NEXT GENERATION TRUST COMPANY

CONTROL YOUR FUTURE, TODAY

New Account Starter Kit

Solo 401k Qualified Plans

Address:

Next Generation Trust Company
401 E. 8th Street, Suite 200H
Sioux Falls, SD 57103

Next Generation Services, LLC
75 Livingston Ave, Suite 304
Roseland, NJ 07068

Toll Free: (888) 857-8058
Phone: (973) 533-1880
Fax: (973) 533-1088

Email:

Accounts@NextGenerationTrust.com

Get Started Today!

Visit us on the web:

www.nextgenerationtrust.com

Application Checklist

Step One:

Fill Out Pages 1-2 on the Application

- Complete Page 1: Don't forget to fill out your personal legal info, who your Qualified Plan Advisor/Third Party Administrator is, your occupation and date of birth, and both the Tax ID Number of your business and the business's legal name.
- Complete Page 2: Don't forget to **sign and date** at the bottom of the page.

Step Two:

Agreement forms to be completed with your TPA

- Fill out the Individual (k) Adoption Agreement (4 pages). A lot of the details should be confirmed with your Trusted Plan Advisor.
- The one page Qualified Plan Agreement confirms the contact details and vesting of your account.

Step Three:

Choose a Fee Option on the Fee Schedule

- Please elect the fee option you feel is best suited for your account.
- Elect an invoice option.
- Sign and Date on the bottom line.

Step Four:

Client Release Form

- Fill out your name and the date.
- Unless you are using a digital signature, bring this form to a notary. Have them witness your signature on the line requesting client signature.
- Have a notary sign and stamp the bottom portion, unless you are using a digital signature.

Step Five:

Fund Your Account

- Transfer Form*: This form is for transferring funds from an existing Qualified Plan to a Qualified Plan with Next Generation. Please note that your current custodian may request a medallion stamp guarantee to process the transfer form.
- Contribution*: If making a personal contribution to your account, please make sure you make the check payable to Next Generation TC FBO Plan Name. Note the contribution year in the memo section.

Step Six:

Fill out the Additional Optional Forms

- Fill out the Interested Party Designation Form to allow an interested party; other than yourself, to obtain account information.
- Fill out the Limited Power of Attorney Form to allow another person, other than yourself, limited power of attorney access to your account. This requires the individual's signature, and your signature must be witnessed by a notary.

Step Seven:

Make a Copy of Your Photo ID

- Make a copy of your non-expired, government issued photo identification.
- Please make sure the copy is clear and legible.
- If you have a different address than the one on your ID, please attach a current Tax bill, banking statement, utility bill, or Rental Agreement signifying proof of address.

Final Step:

Pay Your Fees and Submit the Completed Packet

- Make a check out for the \$50 setup fee, \$300 plan document fee and the appropriate administration fee (based on your elected fee option) payable to:
Next Generation Trust Company or
- Fill out a Credit Card Authorization Form (*note: we do not accept American Express*).
- Mail Original Documents to:
(Unless signing digitally) *Next Generation Services, LLC*
75 Livingston Avenue, Suite 304
Roseland, NJ 07068

Please Note:

Processing Times and Other Information

- Administration review will be between two and five business days depending on the complexity of the transaction and our volume in the transaction queue.
- Transactions are scheduled in the order in which they are received. Please expect transactions to be completed in two business days after receipt of original, correct documents AND cleared funding.
- Clearing times: Wire (24 hours), ACH/Money Order/Certified Check (2 business days), Check (5 business days)
- For help filling out these documents, please call our office. For investment documents, please visit the Client Resources section of our website.

INDIVIDUAL (K) APPLICATION



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

Next Generation Services is the retirement account administrator.

PERSONAL INFORMATION

For Office Use Only: Account # _____
--

Legal Name (required) _____

Mr. Mrs. Ms. Dr.

Residential Address (required) _____

Single

City, State, Zip _____

Married

Mailing Address (optional) _____

Widowed/Divorced

City, State, Zip _____

Preferred Method of Contact:

County (required) _____

Phone _____

Occupation (required) _____

Fax _____

Date of Birth (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

Cell _____

Email _____

Social Security Number (Required)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLEASE TELL US HOW YOU HEARD ABOUT US:

Web Ad Article Event _____ Referred By _____

Promo Code _____ Other _____

WHAT IS THE NAME OF THE ENTITY ESTABLISHING THE PLAN?

Account Type _____ Tax ID Number of Business _____ Legal Name of Business _____
Individual K _____

Qualified Plan Advisor/TPA _____

INDIVIDUAL (K) APPLICATION



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

APPOINTMENT OF CUSTODIAN, INVESTMENT DIRECTION AND IMPORTANT DISCLOSURES:

Your signature is required. Please read before signing. The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment

I appoint Next Generation Trust Company as the Custodian of my Account ("Custodian"), and understand and acknowledge that the Custodial Plan Agreement and my Application are my agreement with the Custodian. Next Generation Services, LLC ("Administrator") is the Administrator to the Custodian. The Administrator may change the custodian to any institution permitted by law or as instructed by the undersigned. Written direction is understood to also include a facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information

I acknowledge that I have received a copy of the Custodial/Plan Agreement, Disclosure Statement and the Fee Disclosure. I understand that the terms and conditions that apply to this Account are contained in these documents. I agree to be bound by those terms and conditions. If this is an IRA, within 7 days from the date the account application is signed, it may be revoked without penalty by mailing or delivering a written notice to the Custodian/Administrator.

Responsibility for Tax Consequences

I assume all responsibility for any taxes and/or penalties that may result from making contributions to, transactions within and distributions from my Account. I attest that I am authorized and I am of legal age to establish this Account and make investments permitted under the Custodial/Plan Agreement offered by the Custodian/Administrator.

I assume complete responsibility for:

- 1) Determining that I am eligible for a transaction that I direct the Custodian/Administrator to make on behalf of my account;
- 2) Ensuring that all contributions made are within the limits set by current tax laws; and,
- 3) The taxes of any contribution (including rollover contributions and distributions).

I attest under penalties of perjury:

- 1) That I have provided you with my correct Social Security or Tax I.D. Number; and,
- 2) That I am not subject to backup withholding because I am exempt from backup withholding; or, I have not been notified by the IRS that I am subject to backup withholding; or, the IRS has notified me that I am no longer subject to backup withholding.

You must cross out #2 if you have been notified by the IRS that you are now subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as stated above, we will not release information about you to others unless you or someone you have authorized, in writing, have consented and/or instructed us to do so, or we are required by law or other regulatory authority.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until I change or revoke this designation, I hereby instruct the Custodian/Administrator to follow the investment directions that I will provide in investing and reinvesting the principal and interest, as confirmed by directions in writing to the Administrator from the undersigned for this account or other custodial account for which the Administrator serves as record keeper. The Custodian is authorized to accept written and/or verbal direction that is confirmed in writing by the undersigned, authorized party, or by the Administrator. Written direction is understood to also include facsimile signature.

This account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization the Custodian/Administrator may act solely on the written instruction or representation of the Account holder or authorized party.

I expressly certify that I take complete responsibility for the type of investments which I choose to purchase within this account. I agree to release, indemnify, defend and hold the Custodian/Administrator harmless from any and all claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my account and/or in connection with any action taken on the reliance upon my written instructions and/or representations, or in the exercise of any right, power or duty of Custodian/Administrator, its agents and/or assigns. The Custodian/Administrator may deduct from the account any amounts they are entitled for reimbursement under the foregoing hold harmless provision. I acknowledge and understand that the Custodian/Administrator shall have no responsibility or fiduciary role whatsoever related to or in connection with this account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's authorized agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income. For purposes of this paragraph, the terms Custodian and Administrator include Next Generation Trust Company/ Next Generation Services, LLC, its agents, assigns, joint venturers and/or business partners.

In the event of claims made by others related to my account and/or investments where the Custodian/ Administrator is a named party, the Custodian/Administrator shall have the unequivocal right at their sole discretion to appoint and select their own attorneys to represent them in such actions and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, other costs and internal costs (collectively "Litigation Costs"), incurred by the Custodian/Administrator in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by the Custodian/Administrator, on their demand, I will immediately reimburse the Custodian/Administrator any outstanding balance of the Litigation Costs. If I fail to immediately reimburse the Litigation Costs, the Custodian/Administrator shall have the unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Custodian/Administrator will not be responsible to take any action should there be any default with regard to this investment.

I understand that no one at the Custodian/Administrator has authority to agree to anything different than the above listed understandings of the Custodian's/Administrator's policy. For purposes of this paragraph, the terms Custodian and Administrator include Next Generation Trust Company/ Next Generation Services, LLC, its agents, assigns, joint venturers and/or business partners.

In executing transfers, it is understood and agreed that I will not hold the Custodian/Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor custodian and administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian, or Administrator.

If any provision of this Application is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Important Information for Opening a New Account

To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government-issued identification (driver's license or passport). The copy must be readable so we can verify the client's name, driver's license number or state issued ID number.

Our Privacy Policy

You have chosen to do business with the Custodian/Administrator named on the Account Application. As our client, the privacy of your personal non-public information is very important to us. We value our customer relationships and we want you to understand the protections we provide in regard to your account(s) with us.

Information We May Collect

We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share

We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian/Administrator have agreed to the Custodian's/Administrator's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security

We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Custodian/Administrator reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address or telephone number listed on the application.

I acknowledge receipt of a Fee Disclosure and receipt of the Custodial/Plan Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. I understand that failure to submit a signed Fee Disclosure will result in fees calculated "based on value of account" (See Fee Disclosure).

I declare that I have examined this document, including all accompanying information, and to the best of my knowledge and belief, it is true, correct and complete. I acknowledge I have read the Fee Disclosure, the Plan/Custodial Agreement and Account Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. If you would like to give permission to another individual to access your account information (such as your spouse or other individual), you will need to complete the Limited Power of Attorney form or Interested Party Designation form.

PLEASE PRINT, SIGN AND MAIL THIS FORM TO NEXT GENERATION SERVICES, 75 LIVINGSTON AVE. STE 304, ROSELAND, NJ 07068.

Signature of Account Owner _____ Date _____

**INDIVIDUAL(K)
ADOPTION AGREEMENT**
PROFIT SHARING WITH 401(K)
EMPLOYEE DEFERRAL FEATURE

NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

INSTRUCTIONS

1. COMPLETE ALL PAGES AS APPROPRIATE
2. EMPLOYER SIGNS AND DATES BOTTOM OF PAGE 2
3. TRUSTEE SIGNS AND DATES BOTTOM OF PAGE 2
4. START FUNDING YOUR "EZ-K" PROFIT-SHARING PLAN

PERSONAL INFORMATION

The undersigned Employer hereby adopts the Sponsor's Prototype EZ-K Profit-Sharing Plan in the form of a standardized Plan, as set out in this Adoption Agreement and the Prototype Defined Contribution Plan Document #01, and agrees that the following definitions, elections and terms shall be part of such Plan.

Name & Street Address of Employer: _____

Employer: is is not part of a Controlled Group or Affiliated Service Group. If "yes," complete Attachment A.

Name of Plan: _____

Phone: _____

Trustee/Custodian (Enter Your Name): _____

Type of Business Entity: C Corporation, Date of incorporation: _____ S Corporation, Date of incorporation: _____

Partnership; Sole Proprietor; Other: (must be a legal entity recognized under federal income tax laws) _____

Employer's Taxable Year: _____

EIN #: _____ 3-Digit Plan Number: _____ Business Code: _____

Plan Administrator: a. Employer ; b. Other (Specify): _____

Sponsor: Next Generation Trust Company, 401 E. 8th Street, Ste 200H, Sioux Falls, South Dakota 57103

Depository: N/A

- This is a: a. new plan with an effective date of: _____
- b. restatement of a plan previously adopted by the Employer with an effective date of: _____ (not earlier than 1/1/02), and an initial effective date of: _____
- c. amendment of a plan with an effective date of: _____ and an initial effective date of: _____
- d. merger, amendment and restatement of the _____ and the _____ into the _____. The effective date of the merger is: _____
The initial effective date of the surviving plan was _____
- e. restatement of the _____ effective, and a restatement of the _____ effective _____ and a merger of the _____ into the _____

This Plan shall be governed by the laws of the state or commonwealth where the Employer's (or in the case of a corporate Trustee, such Trustee's) principal place of business is located unless another state or commonwealth is specified:

Loans to Participants are are not available.

Roth Elective Deferrals shall shall not be permitted.

NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

OVERRIDING LANGUAGE FOR MULTIPLE PLANS

If the Employer maintains or ever maintained another qualified plan in which any Participant in this Plan is (or was) a Participant or could become a Participant, the Employer must complete this section.

(a) If the Participant is covered under another qualified defined contribution plan maintained by the Employer, other than a master or prototype plan:

- The provisions of section 6.02 of Article VI will apply as if the other plan were a master or prototype plan.
- (Provide the method under which the plans will limit total annual additions to the maximum permissible amount, and will properly reduce any excess amounts, in a manner that precludes employer discretion): _____

(b) The Employer wishes to add overriding language to satisfy section 416 in the case of required aggregation under multiple plans:

- Yes (Employer must attach overriding language, if elected.)
- No

(c) If (b) is elected, complete the following:

- (i) Interest Rate: _____
Morality Table: _____ ; or
- (ii) The interest rate and mortality table specified to determine "present value" for top-heavy purposes in the defined benefit plan.

RELIANCE ON OPINION LETTER

The adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under § 401 of the Internal Revenue Code except to the extent provided in Rev. Proc. 2005-16.

An Employer who has ever maintained or who later adopts any plan (including a welfare benefit fund, as defined in § 419(e) of the Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in § 419A(d) (3) of the Code, or an individual medical account, as defined in § 415(l) (2) of the Code) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of § 415 and 416.

If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of § 415 and 416, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service.

The Employer may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the plan or in Rev. Proc. 2005-16.

This Adoption Agreement may be used only in conjunction with basic Plan Document #01.

The Sponsor will inform the adopting Employer of any amendments it makes to the Plan or of its discontinuance or abandonment of the Plan.

NOTICE: Failure to properly complete this Adoption Agreement may result in disqualification of the Plan. The Employer's tax advisor or QP Advisor should review the Plan, Trust and this Adoption Agreement prior to the Employer adopting such plan.

The undersigned Employer acknowledges receipt of a copy of the Plan, Trust Agreement and this Adoption Agreement on the date indicated below.

Name of Employer: _____

Authorized Signature: _____ Date: _____

Print Name/Title of Signer: _____

Name of Trustee: _____

Authorized Signature: _____ Date: _____

Print Name/Title of Signer: _____

PLAN DEFAULTS FOR EZ-K PROFIT SHARING PLAN - PLAN #01007

- (1) The Plan Year shall be the calendar year.
- (2) The Limitation Year shall be the calendar year.
- (3) The Valuation Date shall be the last day of the Plan Year and such other dates as may be directed by the Plan Administrator determined on a nondiscriminatory basis.
- (4) Employees who have attained the age of 21 and have completed 1 Year of Service are eligible to participate in the Plan. However, these eligibility requirements shall be waived for employees employed on the effective date of the Plan.
- (5) All Employees shall be eligible except the following: All Employees included in a unit of Employees covered by a collective bargaining agreement as described in Section 14.08 of the Plan; Employees who are nonresident aliens as described in Section 14.25 of the Plan; and Employees who become Employees as the result of a "§410(b)(6)(C) transaction", as described in section 14.01 of the Plan.
- (6) Service under the Plan shall be computed on the basis of actual hours for which an Employee is paid or entitled to payment. A Year of Service shall mean a 12-consecutive month period during which an Employee completes at least 1000 Hours of Service. A Break in Service shall mean a 12-consecutive month period during which an Employee does not complete more than 500 Hours of Service. Once eligible, contributions will be allocated to the account of each Participant regardless of the number of hours of service completed in a Plan Year. The contribution is not dependent on the Participant being employed on the last day of the Plan Year.
- (7) Entry Date for an eligible Employee who has completed the eligibility requirements will be the 1st day of the first month or the first day of the 7th month of the Plan Year after the Employee satisfies the eligibility requirements.
- (8) Employer Nonelective and Matching Contributions shall be made at the discretion of the Employer on a nondiscriminatory basis.
- (9) Rollover (excluding After-Tax Employee Contributions) and Transfer Contributions are permitted pursuant to Article IV of the Plan.
- (10) Employee Nondeductible and Mandatory Contributions are not permitted.
- (11) Elective Deferrals are permitted up to the maximum permitted under section 402(g) of the Code. Each Participant shall have an effective opportunity to make or change and election to make Elective Deferrals (including Designated Roth Contributions) at least once each Plan Year.
- (12) Catch-up Contributions are permitted.
- (13) Safe Harbor 401(k) provisions do not apply.
- (14) Vesting for all contributions under the Plan shall be full and immediate.
- (15) Compensation for any Participant shall be the 415 safe harbor definition as described in Section 14.39 of the Plan. Such Compensation includes such amounts that are actually paid to the Participant during the Plan Year and includes employer contributions made pursuant to a salary reduction agreement which are not includible in the gross income of the Employee under sections 125, 132(f)(4), 402(e)(3), 401(k), governmental 457(b), or 402(h)(1)(B) of the Code. Amounts received by an Employee pursuant to a nonqualified unfunded deferred compensation plan shall be considered Compensation in the year the amounts are actually received. Such amounts may be considered Compensation only to the extent includible in gross income.
- (16) In-service distributions are available. Once an Employee has participated in the plan for 60 months, all employer contributions are available for withdrawal. Prior to the 60-month period, Employees may withdraw all employer contributions, which have been in the Plan for a period of 24 months or apply for a hardship distribution. In-Service distributions from all employer contributions are available upon the Participant's attainment of age 55. Elective Deferrals are available for distribution upon attainment of age 59 1/2 or due to financial hardship. Rollover account is available at any time. If In-Plan Roth Rollovers are permitted, all in-service distribution provision shall apply.
- (17) A Participant may not elect benefits in the form of a life annuity. All other forms of benefit payments are available. Benefits are available to the Participant on such Participant's termination of employment or upon Disability.
- (18) The Plan is designed to operate as if it were Top-Heavy at all times.
- (19) The Normal Retirement Age under the Plan shall be age 55.
- (20) The Required Beginning Date of a Participant with respect to a Plan is the April 1 of the calendar year following the calendar year in which the Participant attains age 70½, except that benefit distributions to a Participant (other than a 5-percent owner) with respect to benefits accrued after the later of the adoption or effective date of the amendment to the Plan must commence by the later of the April 1 of the calendar year following the calendar year in which the Participant attains age 70½ or retires. The waiver for 2009 Required Minimum Distributions was subject to participant choice. If no election was made, the default was to discontinue the 2009 Required Minimum Distribution.
- (21) Investments shall be determined pursuant to the Trust Agreement. The Trustee may develop any investment policy necessary.

**INDIVIDUAL(K)
 ADOPTION AGREEMENT**
**PROFIT SHARING WITH 401(K)
 EMPLOYEE DEFERRAL FEATURE**



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EGTRRA RESTATEMENT EFFECTIVE DATES

Note: If this plan is not a restatement of an existing plan, this item does not apply.

General Restatement Effective Dates (If applicable enter the Item number):

<i>Provision</i>	<i>Effective Date</i>
<input type="checkbox"/> (a) Not applicable. This is not an amendment and restatement.	-----
<input type="checkbox"/> (b) The eligibility requirements under Plan Defaults	-----
<input type="checkbox"/> (c) The Employer Profit Sharing contribution provisions under Plan Defaults	-----
<input type="checkbox"/> (d) The Vesting Formula under Plan Defaults	-----
<input type="checkbox"/> (e) In-Service Distributions under Plan Defaults	-----
<input type="checkbox"/> (f) Definition of Required Beginning Date under Plan Defaults	-----
<input type="checkbox"/> (g) Enter Provision and Item Number, if applicable:	-----
<input type="checkbox"/> (h) Enter Provision and Item Number, if applicable:	-----
<input type="checkbox"/> (i) Enter Provision and Item Number, if applicable:	-----

Note: The effective date(s) above may not be earlier than January 1, 2002 and not later than the last day of the Plan Year in which the Adoption Agreement is signed.

ATTACHMENT A

Name of Employer: _____

Controlled Group; or Affiliated Service Group

List all "affiliated" employers with the above listed Employer.

Name	Address	EIN

QUALIFIED PLAN AGREEMENT



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

I _____ as the Individual representing _____ (name of employer) am establishing the following type of account _____ (account type). I understand the terms of the agreement, the responsibilities defined in all the documents and disclosures I have received and I acknowledge receipt of all the information as follows. I have selected Next Generation Trust Company to perform record-keeping under this agreement.

Roles and Responsibilities:

Next Generation Trust Company

Next Generation Trust Company will provide the following to the named plan representative:

- Statements regarding the status of the account.
- Account Application - The application allowing Next Generation Trust Company to establish an investment and record keeping account.
- Plan documents.

The employer will provide the name and contact information for the Qualified Plan Advisor/TPA.

QP Advisor/TPA: _____

Contact Person: _____ Phone: _____

Address: _____

Assets in the Account:

Asset vesting shall be in the name of _____

(Trustee name and Plan name) FBO _____

Signatures

(Plan participant) _____ Date _____

(Signature of Employer Representative) _____ Date _____

(Signature of Next Generation Trust Company Representative) _____ Date _____

FEE SCHEDULE



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

ANNUAL ADMINISTRATION FEE: DETERMINE THE BEST FEE OPTION FOR YOU.
ACCOUNT SET UP FEE: \$50 FOR PAPER APPLICATION \$25 FOR ELECTRONIC APPLICATION
IN ADDITION TO MINIMUM ANNUAL FEE DUE, EITHER \$325 (OPTION 1) OR \$196 (OPTION 2)

Directions: Please check only one box.

OPTION ONE: FEE BASED ON NUMBER OF ASSETS

Annual recordkeeping fee is \$325 per asset and/or liability per year. Each additional asset is paid at the time of acquisition. Minimum annual record keeping fee is \$325. Minimum fee will be applied to first asset purchased if acquired during first year. Account will be billed in the anniversary month of account opening. Please note that debt financing on an asset is charged as an additional investment. Precious metal asset is reduced to \$100/asset

OPTION TWO: FEE BASED ON ACCOUNT VALUE

Billed Quarterly based upon the month that your account is opened.

Account Value	Quarterly Rate	Account Value	Quarterly Rate
up to \$9,999	\$49	\$75,000-\$99,999	\$179
\$10,000-\$19,999	\$59	\$100,000-\$149,999	\$209
\$20,000-\$29,999	\$75	\$150,000-\$199,999	\$249
\$30,000-\$39,999	\$95	\$200,000-\$249,999	\$299
\$40,000-\$49,999	\$115	\$250,000-\$499,999	\$399
\$50,000-\$59,999	\$129	\$500,000+	\$499
\$60,000-\$74,999	\$149		

TRANSACTION FEES:

- Purchase, Sale, Exchange, or Re-registration of any domestic asset: \$100
- Purchase, Sale, Exchange, or Re-registration of any international asset: \$125
- Further Funding an existing asset: \$50
- Partial Redemption or Liquidation Request: \$50
- Transaction for a Real Estate Deposit: \$25
- Outgoing Checks: \$5 each
- Cashier's or other Official Bank Check: \$25
- Wire Transfers (Domestic): \$30
- Wire Transfers (International): \$50
- Outgoing ACH: \$30
- Rush fee for expedited transaction processing or review services within the same day or next day may apply. Discuss further with a representative.
- Partial Termination, transfers out to another custodian and/or non qualified distribution, \$100. Applicable transaction fees will apply for assets being transferred or distributed in-kind.
- Full Termination resulting in zero balance is \$250, but does not include normal distributions. This includes lump sum distributions and transfer outs, but does not include required minimum distributions. Applicable transaction fees will apply for assets being transferred or distributed in-kind. Annual recordkeeping fees are not prorated when an account closes.

Regardless of Fee Option, Solo 401k's are billed a plan document fee of \$300 annually.

All accounts include at no additional charge:

- Access to regular/education networking events
- Online Account Access
- Annual statements mailed
- Normal eligible distribution by check
- Annual tax reporting
- Quarterly statements emailed

RELATED EXPENSES:

- Medallion Guarantee \$25, Notary \$15 For non-NGTC forms.
- Returned items of any kind and stop payments: \$30 per item.
- Reprocessing of incomplete documents are charged \$25 per reprocessing, plus applicable fees. Discuss further with a representative.
- Special Services, such as research of closed assets or accounts, research for legal issues, or special handling of transactions: \$150 per hour.
- Express Mail: \$30 minimum, dependent on destination and speed.
- Invoice Reprocessing for late payments: \$25.
- If you wish to receive quarterly mailed statements please remit \$40 and initial here _____. This charge is incurred annually.

BILLING OPTIONS: Please check only one box.

Please check only one box. If no box is checked, fees will be automatically deducted from your undirected cash balance. All transaction fees are due at the time of transaction. Annual recordkeeping fees are billed as specified above. You may prepay fees at any time. If not paid by the due date, fees will be deducted from your uninvested balance. If there are insufficient funds in your account, we may liquidate other assets to pay for such fees in accordance with your Plan and Trust Disclosure.

- Please check if you would like to receive a printed invoice by mail for your administration fees.
- Please check if you would like to have fees charged to your credit card. Please attach credit card authorization form. No invoice will be mailed.

SIGNATURE:

In accordance with your plan and trust disclosure which you received as part of your application, custodial fees are part of the plan and trust disclosure. We will make our best effort to notify you of all changes to your fee schedule within a 30 day notice by posting the information on our website at www.nextgenerationtrust.com.

In accordance with your Account Application, this Fee Disclosure is part of your agreement with the Custodian/Administrator and must accompany your application.

Printed Name _____

Signature _____ Date _____

CLIENT RELEASE FORM



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

CLIENT RELEASE: *This form is required when establishing an account. Mail form to Next Generation Services.*

This Release, dated _____, is given
By the Releaser _____, referred to as "You,"

TO NEXT GENERATION TRUST COMPANY, 401 E. 8th Street, Suite 200H, Sioux Falls, SD 57103, referred to as "NGTC" and NEXT GENERATION SERVICES, LLC 75 Livingston Ave., Ste. 304, Roseland, NJ 07068, referred to as "NGS".

If more than one person signs this release, "You" shall mean each person who signs this Release.

1. **Disclosure.** You understand and agree that NGTC/NGS does not approve investments for your Retirement Plan. NGTC/NGS is strictly a neutral holder of your Retirement Plan's Assets. In addition, you have read Internal Revenue Service Regulation Title 26, Section 4975 and are familiar with the prohibited transactions listed and the penalties which will be assessed by the Internal Revenue Service in the event that you engage in prohibited transaction(s).
2. **Release.** Because NGTC/NGS has no control over the investments you direct NGTC/NGS to make on behalf of your self-directed retirement plan, and could not know if there is information you have not provided to NGTC/NGS which would make NGTC/NGS inform you that you may be engaging in a prohibited transaction, YOU RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS WHICH YOU MAY HAVE AGAINST NGTC/NGS SHOULD YOU ENGAGE IN, APPEAR TO ENGAGE IN, OR BE ACCUSED OF ENGAGING IN, A PROHIBITED TRANSACTION UNDER THE IRS CODE. THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH YOU ARE NOT AWARE AND THOSE NOT MENTIONED IN THIS RELEASE. NGTC/NGS HAS NO OBLIGATION TO PROVIDE A DEFENSE OR OTHERWISE INDEMNIFY YOU AGAINST ANY CLAIM, FINE, PENALTY, JUDGMENT OR SETTLEMENT RESULTING FROM A CLAIM RAISED UNDER THE IRS CODE AGAINST YOU.
 - a. You understand and agree that NGTC/NGS does not review and approve the subscription agreement, operating agreement, by-laws, limited or general partnership agreement, or any other similar agreement regarding the purchase or operation of any entity or investment you want to invest in. You are solely responsible for making sure that the entity was not formed or will not operate in a way that does or may lead to a prohibited transaction under Internal Revenue Code Section 4975.
 - b. You understand and agree that you are also solely responsible for making sure that the Retirement Plan has adequate funds for any future mandatory capital calls, and you indemnify and hold harmless NGTC/NGS, its officers, directors, shareholders and employees against any liability associated with a loss or diminution in value of your Retirement Plan's investment in the entity because of a failure to meet a future mandatory capital call.
 - c. You understand and agree that NGTC/NGS has given you no tax advice regarding the possibility that your Retirement Plan may be subject to Unrelated Business Income Tax (UBIT) as a result of its investment in any entity or other investment. If your Retirement Plan owes UBIT on its investment in an entity, you agree to prepare or cause to be prepared IRS Form 990T for filing. You understand and agree that any UBIT owed must come from funds belonging to the Retirement Plan, and you indemnify and hold harmless NGTC/NGS, its officers, directors, shareholders and employees against any liability associated with a failure to prepare IRS Form 990T and pay any resulting UBIT due from funds belonging to the Retirement Plan. If UBIT is owed the IRA must get its own EIN#.
 - d. You represent that you have done your own due diligence on any company you want to invest in, or any other investment you want to make.
 - e. You understand and agree that NGTC/NGS makes no attempt to evaluate any company you want to invest in. For example, NGTC/NGS makes no attempt to check the financial strength of the company, nor do we check with the Secretary of State to see if the company is in good standing, nor do we check with the Securities and Exchange Commission, the Better Business Bureau or any other governmental or non-governmental agency to see if any complaints have been filed against the company. You, as the Retirement Plan holder, are 100% responsible for evaluating any company and any investment.
 - f. You understand and agree that neither NGTC/NGS nor any of its officers, directors, shareholders or employees are associated in any way with any company you may want to invest in. Neither NGTC/NGS nor any of its officers, directors, shareholders or employees have given you any investment, legal or tax advice pertaining to any investment.
 - g. You agree to indemnify and hold harmless NGTC/NGS, its officers, directors, shareholders and employees against any liability associated with your Retirement Plan investment in any company, entity, or other investment.
3. **Consideration.** You acknowledge that unless you sign this release, NGTC/NGS will not accept you as a client, and you are free to seek the services of other firms. In consideration of you signing this release, NGTC/NGS will provide the services of our company and we will rely upon the promises in this release.
4. **Who is Bound.** You are bound by this Release. Anyone who succeeds to your rights and responsibilities, such as your heirs or the executor of your estate, is also bound. This Release is made for the benefit of NGTC/NGS and all who succeed to our rights and responsibilities.
5. **Signatures.** You understand and agree to the terms of this Release. If this Release is made by a corporation its proper corporate officers sign and its corporate seal is affixed.

This Release is given by: _____
Signature of Client _____
Account Number

NOTARY CERTIFICATION REQUIRED

STATE OF _____
COUNTY OF _____

I CERTIFY that on _____, 20_____,
personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one person):
a) is named in and personally signed this document; and b) signed, sealed and delivered this document as his or her act and deed.

Signature of Notary (Seal Here)

NEXT GENERATION TRUST COMPANY
401 E. 8TH STREET, SUITE 200H
SIOUX FALLS, SOUTH DAKOTA 57103
TOLL FREE: 888-857-8058

CREDIT CARD AUTHORIZATION FORM



**NEXT GENERATION
TRUST COMPANY**
CONTROL YOUR FUTURE, TODAY

NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

PERSONAL INFORMATION:

Account Holder Name _____ Next Generation Account # _____

Cardholder Name (if different) _____

Cardholder Billing Address _____

City, State, Zip _____

Telephone Number _____ Email Address _____

CREDIT CARD INFORMATION:

Card Type: *Please check ONLY ONE Option*

MasterCard Discover Visa *Please Note: We cannot accept American Express. We apologize for any inconvenience this may cause.*

Credit Card Number: _____ / _____ / _____ / _____

Expiration Date: _____ / _____

CCV: _____
(Last three digits on back of card)

Keep card on file for all fees (no invoice will be sent)

One time charge in the amount of \$ _____

SIGNATURE: *Please securely email, fax, or mail this form to Next Generation Services.*

I, the undersigned, authorize that these charges will appear on my credit card statement under the name Next Generation Trust Company and I accept full financial responsibility for payment of this order. I further agree that this authorization will remain in effect until I revoke it in writing.

Account Holder Signature: _____ Date: _____

NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

PERSONAL INFORMATION:

Account Holder Name: _____ Next Generation Account #: _____

INTERESTED PARTY DESIGNATION:

Please complete the information in this section to authorize a third party (spouse, broker, financial planner, attorney, etc) to receive information about your account. Please note that this section only authorizes a third party to have unlimited access to your account information, however they will not be permitted to make changes to your account. Please complete this section in full and submit to Next Generation Services by fax, mail, or secure email.

Name of Interested Party _____

Interested Party Address _____

City, State, Zip _____

Contact Number _____ Fax Number _____

Email Address _____

Please check ONE or BOTH Options: Please provide Interested Party online access Please send duplicate statements

SIGNATURE:

This Designation will remain in effect until Account Holder provides revocation in writing to Next Generation Trust Company (Custodian) or Next Generation Services (Administrator). I understand that neither the Custodian (Next Generation Trust Company) nor the Administrator (Next Generation Services) is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Custodian/Administrator harmless from any claims, including, but not limited to actions, liabilities, losses, penalties, fines, attorney's fees and/or third party claims arising out of and/or in connection with their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation. In the event of claims by others related to my account and/or investment wherein Custodian and/or Administrator are named as a party, Custodian and/or Administrator shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorney's fees and costs and internal costs (collectively "Litigation Costs") incurred by Custodian and/or Administrator. If there are insufficient funds in my account to cover the Litigation Costs incurred by Custodian and/or Administrator, on demand by Custodian and/or Administrator, I will promptly reimburse Custodian and/or Administrator the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Custodian and/or Administrator shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Custodian and/or Administrator will not be responsible to take any action should there be any default with regard to this investment. If any provision of this Designation is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Account Holder Signature: _____ Date: _____

LIMITED POWER OF ATTORNEY FORM



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

PERSONAL INFORMATION:

Account Holder Name: _____ Next Generation Account #: _____

LIMITED POWER OF ATTORNEY:

Please complete the information in this section to authorize a third party to conduct all transactions (with the exceptions noted) in your account. **This designation may not be used to direct transfer or distributions, or to make changes to beneficiary designations.** This section applies **ONLY** to Next Generation TC forms and documents. Please complete this section in full and submit the notarized original to Next Generation Services at 75 Livingston Avenue, Suite 304, Roseland, NJ 07068.

Name of Attorney-In-Fact _____

Attorney-In-Fact Address _____

City, State, Zip _____

Contact Number _____ Fax Number _____

Email Address _____

Please check ONLY ONE Option: Please provide Attorney-In-Fact online access Please send duplicate statements

Signature of Attorney-In-Fact: _____

SIGNATURE: Please mail this form to Next Generation Services.

This Designation will remain in effect until Account Holder provides revocation in writing to Next Generation Trust Company (Custodian) or Next Generation Services (Administrator). I understand that neither the Custodian (Next Generation Trust Company) nor the Administrator (Next Generation Services) is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Custodian/Administrator harmless from any claims, including, but not limited to actions, liabilities, losses, penalties, fines, attorney's fees and/or third party claims arising out of and/or in connection with their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation. In the event of claims by others related to my account and/or investment wherein Custodian and/or Administrator are named as a party, Custodian and/or Administrator shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorney's fees and costs and internal costs (collectively "Litigation Costs") incurred by Custodian and/or Administrator. If there are insufficient funds in my account to cover the Litigation Costs incurred by Custodian and/or Administrator, on demand by Custodian and/or Administrator, I will promptly reimburse Custodian and/or Administrator the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Custodian and/or Administrator shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Custodian and/or Administrator will not be responsible to take any action should there be any default with regard to this investment. If any provision of this Designation is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

Account Holder Signature: _____ Date: _____

NOTARY CERTIFICATION REQUIRED

STATE OF _____

COUNTY OF _____

I CERTIFY that on _____, 20_____,
personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one person):
a) is named in and personally signed this document; and b) signed, sealed and delivered this document as his or her act and deed.

Signature of Notary

(Seal Here)

New Account Reminders

Acceptable forms of Identification

Acceptable Forms of Photo Identification Include:

Driver's License
Passport
Permanent Resident Card

Right of Recision Period

Right of Recision:

All clients have a seven day right of recision period from the date on their application. After this period is up and there are cleared funds in the account, a client is eligible to make a self-directed investment with their account at Next Generation.

Disclaimer

Disclaimer:

Next Generation Trust Company/Next Generation Services (NGTC/NGS) does not review the merits or legitimacy of any investment. NGTC/NGS does not endorse or recommend any companies, products, services, or investments. NGTC/NGS does not provide any financial, legal or investment advice.

If the services of NGTC/NGS were recommended by any third party, such persons or entities are not in any way affiliated with NGTC/NGS. NGTC/NGS is not a "fiduciary" as defined in the IRC, ERISA, and/or any applicable federal, state or local laws. All information provided is for educational purposes only. All parties are encouraged to consult with their professional advisors prior to making any investments.

Next Step:
Making A Self-Directed Investment

- After your account has been opened, the right of recision period is over, AND you have cleared funds in your account, you will be ready to make an investment.
- Clearing times:** Wire (24 hours), ACH/Money Order/Certified Check (2 business days), Check (5 business days)
- All applicable forms are located on our website under the tab, "Client Resources."
- Since accounts are purely self-directed, please contact our office to discuss your investment, to get tips on avoiding prohibited transactions (§4975), and to ensure you complete the appropriate investment documents.
- For help filling out your investment documents, please call the office.

DEPOSIT TRANSMITTAL FORM



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

Use this form to: Make a deposit to a record-keeping account.

PLAN INFORMATION

Plan Name: _____

Plan Type: _____

DEPOSIT AND INVESTMENT INFORMATION

Provide a breakdown of the deposit amount

Participants Name	Account Number (if applicable)	Deposit Amount

Total Enclosed \$ _____

Please make checks payable to: Next Generation Trust Company FBO _____ (Plan Name)

REASON FOR DEPOSIT

Transfer In _____

Mortgage Payment _____

Loan Number _____

Interest Income _____

Date _____

SIGNATURE

Employer: _____ EIN: _____

Address: _____

Person to Contact: _____ Phone # _____

Signature of Employer's Representative: _____ Date: _____

QUALIFIED PLAN TRANSFER FORM



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

Use this form to:

- Move assets directly from one plan account to another plan without taking receipt of the funds.
- Please do not use this form to make a direct rollover.

If you wish to liquidate any assets as part of your transfer to Next Generation Trust Company, ensure that the liquidation process is completed PRIOR to completing this form. Otherwise, the transfer of your funds may be delayed. For multiple transactions, please use a separate form for each.

This form instructs the Custodian or Trustee of your present Employer Plan to transfer your assets to your self-directed account with Next Generation Trust Company. We will arrange for the transfer on your behalf.

PERSONAL INFORMATION:

Name (Your name as it appears in your plan) _____ Next Generation Trust Company Account _____

Social security number (required) _____ Phone _____

Legal Address (required) _____

City, State, Zip _____

YOUR FUNDS ARE CURRENTLY HELD AT:

Name of Custodian/Trustee _____ Account Number _____

Office Address _____

City, State, Zip _____

Phone Number _____ Contact Name _____

TRANSFER (Must transfer to the same type of account at Next Generation Trust Company)

a. I am transferring **FROM** the following type of plan
(Must be transferred into like plan)
 Type of plan _____
Name of plan _____

a. I am transferring **TO** the following type of plan (select one):
(Must be transferred into like plan)
 Type of plan _____
Name of plan _____

- b. I am an eligible person to perform this transaction (select one):
- Plan participant Trustee of employer sponsored plan Spouse beneficiary of account
- Non-spouse beneficiary of account Ex-Spouse of account due to divorce/legal separation

CASH/ASSET TRANSFER REQUEST TO NEXT GENERATION TRUST COMPANY TYPE OF ASSET TO BE TRANSFERRED: Indicate whether this is A. COMPLETE Transfer OR B. PARTIAL Transfer.

If liquidation of assets is required, you must instruct your current Custodian to liquidate PRIOR to submitting this form. Next Generation Trust Company is not authorized to liquidate investments or assets on your behalf. All transfer forms **MUST** be accompanied by a current account statement from your current custodian.

COMPLETE TRANSFER to my account. Please check only one option below, indicating what assets you would like to transfer to Next Generation Trust Company.

Cash Please make checks payable to: _____ **Next Generation TC FBO (Plan Name & Number)**

In Kind Asset Transfer & Cash For transfer of illiquid assets IN KIND (Real Estate, LLCs, Private Stock, Notes, etc.). Please note, re-registration fees may apply. Additional documentation **WILL** apply, so please contact a Next Generation representative. All vestings to read: _____ **Next Generation TC FBO (Plan Name & Number)**

PARTIAL TRANSFER to my account. Please check all that apply below, indicating what assets you would like to transfer to Next Generation Trust Company.

Cash Please submit \$ _____ (amount required) to Next Generation Trust Company. Please make checks payable to: _____ **Next Generation TC FBO (Plan Name & Number)**

In Kind Asset Transfer For transfer of illiquid assets IN KIND (Real Estate, LLCs, Private Stock, Notes, etc.). Please note, re-registration fees may apply. Additional documentation **WILL** apply, so please contact a Next Generation representative. All vestings to read: _____ **Next Generation TC FBO (Plan Name & Number)**

Please see page two of this form for asset description and delivery instructions.

QUALIFIED PLAN TRANSFER FORM



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

DESCRIPTION OF ASSETS TO BE TRANSFERRED: *Please attach additional delivery instructions if needed.*

Asset Description <i>(For cash balances, please indicate amount.)</i>	Amount (\$)

Delivery Instructions are attached Current statement is attached

DELIVERY INSTRUCTIONS: *Please attach additional delivery instructions if needed.*

- a. How would you like us to send this transfer request to your current resigning custodian?
 Via Mail Express Delivery (\$30 fee) Fax (provide number) _____
- b. How would you like your cash sent from your resigning Custodian to Next Generation Trust Company? (Please note: Fees may apply from your resigning custodian).
 Via Mail/Check Wire To Next Generation Trust Company FBO (plan name & number) (\$30 fee)
- c. If you have selected express services above, how would you like to pay for those services? *(Fees are due at the time services are rendered.)*
 Via Check Credit Card Deduct from account *(must have cash balance)*

IMPORTANT: If you need to liquidate investments, please contact the resigning Custodian and inquire about their liquidation/transfer process prior to submitting this completed form. Next Generation Trust Company is not authorized to liquidate assets or investments with the resigning Custodian. Fees may apply from your resigning custodian.

SIGNATURE AND ACKNOWLEDGEMENT: *This does not constitute a direct rollover.*

1. I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self-directed account through execution of the _____ (Name of plan) account application.
2. I understand the rules and conditions applicable to an Account Transfer
3. I qualify for the account transfer of assets listed in the Asset Description above and authorize such transactions.
4. I understand that no one at NGTC/NGS or any of its licensees has authority to agree to anything different than my foregoing understandings of NGTC/NGS.

Account Holder Signature *Date*

FOR OFFICE USE ONLY:

Acceptance of Receiving Custodian
 Pursuant to a limited written delegation, _____ (client name) as TRUSTEE for _____ (name of business), has authorized **Next Generation Services** (Next Generation Trust Company's Servicing office) to sign this form on the TRUSTEE'S behalf to verify the TRUSTEE'S acceptance of the transfer described above and agreement to apply the proceeds upon their receipt, to the Account. Next Generation Trust Company and Next Generation Services ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A TRUSTEE OF YOUR FUNDS.
 Next Generation Services on behalf of TRUSTEE, **Next Generation Trust Company**

By _____
 Date _____
 Account # _____

Type of Account (check one):
 Profit Sharing Plan (including 401(k))
 Other _____ Type of Plan
 _____ Name of Plan