



311 W. Monroe St.  
Suite 1300  
Chicago IL, 60606  
Phone: 312-775-3460  
FAX: 312-264-0653

## Automatic Withdrawal Application

Use this form to establish systematic contributions to your existing GSAP Program account from your checking or savings account, or to establish or modify an automatic reallocation (dollar cost averaging) program for your GSAP accounts.

Print clearly in CAPITAL LETTERS. Mark small boxes with an X.

### 1. Client number

Please indicate your GSAP/PM client number:

### 2. Account owner information: Mr. Mrs. Ms

FIRST NAME

M.I.

LAST NAME

Account owner's Social Security number (required)

Phone

### 3. Systematic investment plan

Contributions (minimum monthly investment of \$100 for gold, \$50 for SILVER) will be deducted from the account, and with the frequency, you designate below. Please review the enclosed list of options available for your account and select your investment option(s). The program does not charge a fee for this service, but it is advisable to first check with your banking institution about any fees charged and/or the availability of Electronic Funds Transfer (EFT).

Please choose an investment frequency:

Investment schedule:  Monthly  Semimonthly (Funds will be deducted on the 1<sup>st</sup> and 15<sup>th</sup> of the month)

First investment date: month/day/year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

You may allocate your contributions to gold, silver or a combination of the two investments. Please indicate the total dollar amount of the contribution per withdrawal period.

Investment options

(minimum \$100 gold, \$50 for silver, \$200 gold/silver)

Dollar amount (per withdrawal period)

**BANK OR CREDIT UNION INFORMATION.** I would like my systematic contributions to come from my *(If no option is selected, we will default to checking account)*:

**Checking Account**     **Savings Account**

**Tape your voided check or voided deposit/withdrawal slip\* here**

(Do not staple.)

Or enter your bank routing number here \_\_\_\_\_

**Bank or credit union routing information.**

To make contributions from your checking account, please tape a voided check so we may obtain proper account information. To make contributions from your savings account, please tape a voided preprinted deposit/withdrawal slip.

#### 4. Signature

**I have received and read the Precious Metal Account Agreement for the GSAP Program, and agree to the terms therein and herein. I certify that the information herein is true, correct and complete.**

I understand that, if I am not the account owner, I will not retain any control over, or rights to, any contribution made pursuant to this Form (or any other portion of the Account) after the contribution is made. I further understand that I will not receive any statements or other information with respect to the contribution or the Account.

By signing below, I authorize my bank/credit union to accept debit entries initiated by PFG Precious Metals, Inc. to my account and to debit, as requested, the same to my account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I hereby acknowledge that the initiation of an ACH transaction through GSAP is to purchase metals, and accordingly any transaction requested by me through the ACH system is irrevocable. I authorize PFG Precious Metals, Inc. to potentially make follow-up attempts to retrieve those monies which are denied due to insufficient funds. I agree to indemnify and hold harmless my bank/credit union and PFG Precious Metals, Inc. for any loss, liability, or expense incurred from acting on these instructions. This authorization may be terminated by me at any time by written notification to PFG Precious Metals, Inc., with reasonable time given to implement my request.

*Signature of Account owner*

*Date: month/day/year*

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### **SIGNATURE OF CONTRIBUTOR OR JOINT BANK ACCOUNT OWNER**

If the checking or savings account indicated in Section 3 is held jointly with the account owner, the individual whose name appears on the attached check must sign below.

*Signature of Contributor or Joint bank account owner*    *Date: month/day/year*

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**\*Fax completed form to (312) 264-0653 or email scanned copy to [newaccounts@pfgpreciousmetals.com](mailto:newaccounts@pfgpreciousmetals.com)**