



Evergreen Solutions, LLC

Real Estate Investments
We Buy Homes then Rent to Own
801-528-9310



1135 E. 250 S., Bountiful, UT 84010
P. (801) 916-2600 / F. (801) 292-5665
elitepensions.com

Total Control IRA™ Order Form

Name _____ Date _____

Street _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____ Fax _____

E-mail _____

“TOTAL CONTROL™” SYSTEM Includes...

- **Documents** – Proprietary documents not available from any other source.
- **Filing Forms** – We file all state required forms to set up the LLC owned by the IRA.
- **File SS- 4** – File for Employer Identification Number from the IRS
- **Set up IRA/Roth IRA Account** – Set up IRA account with a “True” self directed IRA custodian . We do not pay the custodial fees, that is your responsibility.
- **Coordinate with custodian** – Prepare all necessary forms for the custodian including: Subscription Agreement, Account Rollover, and New Account Application.

Total \$ 3,495.00

METHOD OF PAYMENT

Credit Card: Visa MasterCard AmEX

Pay from IRA

Card # _____

Check # _____

Exp. Date _____ Security Code: _____
(3 or 4 digit code on back of card)

SIGNATURE AND ACCEPTANCE OF TERMS

I have read and agree to the terms and conditions as outlined here and on the reverse side of this form. I may cancel this transaction any time within seven days after the date of this transaction.

Signature

Date

TERMS AND CONDITIONS

You have contracted with Elite Pensions, LLC, a retirement consulting firm, to perform the work requested on the front side of this document.

In order to help us give you the highest level of support, we will expect your complete cooperation with our office in providing us with the requested documents and information, keeping us apprised of any changes in facts and circumstances that affect your plan before its completion, and the payment of our bills in a current and timely manner. Additionally by signing below you give us permission to file a SS-4 on your behalf with the IRS in order to obtain an Employer's Identification Number for your IRA's LLC.

Right of Rescission

You have a seven day Right of Rescission period beginning on the date you signed this contract. To exercise your rescission rights under this clause, you must notify in writing Elite, prior to midnight of the seventh day. In the event you wish to cancel services after that time, a \$300 administrative fee, as well as any actual costs will be deducted from any refunds.

Once we provide you with the completed documents no refund requests will be accepted.

Matters Specifically Excluded From this Agreement

Our representation of you is limited to the production of documents and the services listed on the front of the contract. Service specifically excluded from this agreement are:

1. IRS and state tax compliance and reporting requirements for you or any of the entities created pursuant to the scope of this agreement.
2. Representation of you in any proceedings or before any regulatory agency.
3. Issues specific to the laws of your state.

If you want us to represent you for any matter not specifically listed on the front of this document including, without limitation, any of the matters listed in this "Matters Specifically Excluded from the Engagement," then we must enter into a separate agreement to do so. Nothing in this agreement shall be deemed an acceptance of our offering these additional services on your behalf.

While we are available to provide you with ongoing advice, we are not obligated to do so unless you specifically request us to perform a specific service and enter into a separate services agreement. It is our policy to put all advice on which a client might rely in writing. We believe that is necessary to avoid confusion and to make clear the specific nature of our advice. You should not rely on any advice that has not been put in writing by our firm after a full supervisory review.

Penalties and Fines

You agree that it is your responsibility to know if you will incur any fees, penalties, or fines that you may incur if you liquidate any of your current IRA investments, and thus hold Elite Pensions, LLC harmless in such an event. Additionally while we strive to expedite this process as quickly as possible, the average length of time is about six to eight weeks. Due to that fact, you should not enter into any contracts for investments until the procedure is finished. If you do enter into a contract before completion, you agree that Elite Pensions, LLC is not liable for any damages due to any delays.

Severability

Every provision of this agreement is severable. If any provision hereof is held to be illegal or invalid for any reason whatsoever, it shall not affect the validity of the remainder of this agreement.

Limitations on Liability

You agree that our maximum liability to you for any negligent errors or omissions committed by us in the performance of the engagement will be limited to the amount of our fees for this engagement, except to the extent determined to result from our gross negligence or willful misconduct.

Furthermore, because there are inherent difficulties in recalling or preserving information as the period after an engagement increases, you agree that, notwithstanding the statute of limitations of the State of Utah, any claim based on this engagement must be filed within twelve months after performance of our service, unless you have previously provided us with a written notice of a specific defect in our services that forms the basis of the claim.

Applicable Law

The laws of the State of Utah shall govern the interpretation of this agreement.

PERSONAL INFORMATION

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Fax: _____

Email: _____

SS#: _____ - _____ - _____ D.O.B. ____/____/____

Name of Spouse: _____

Type of IRA/401K: Traditional Roth Educational

LIMITED LIABILITY COMPANY INFORMATION

LLC name FIRST choice: _____, LLC.

LLC name SECOND choice: _____, LLC.

BENEFICIARY INFORMATION

Please check if a primary or contingent beneficiary.

In most cases, spouses are the Primary beneficiary., Contingent beneficiaries are beneficiaries in the event that a Primary beneficiary passes away before distribution of the IRA.

For additional beneficiaries please add another sheet.

Primary Name: _____ SS# _____ - _____ - _____ D.O.B. ____/____/____

Contingent Relationship: _____ Address: _____

Share % _____ City: _____, State: _____ Zip: _____

Primary Name: _____ SS# _____ - _____ - _____ D.O.B. ____/____/____

Contingent Relationship: _____ Address: _____

Share % _____ City: _____, State: _____ Zip: _____

(Continued next page)

THE SECURITIES INDUSTRY REQUIRES THAT WE COLLECT THE FOLLOWING INFORMATION

INCOME RESOURCES

Check only one: Employed Self Employed Retired Student Not employed

Employer _____ Position/Occupation _____

Business Street Address _____

City _____ State _____ Zip _____

List any securities firm(s) you are employed by or in which you are a director or owner: _____

List all publicly traded companies in which you are a director, 10% shareholder or policy making officer: _____

PERSONAL INFORMATION

Marital Status: Single Married Divorced Number of Dependents _____

Investment Experience: None Limited Good Extensive

Annual Income:

Under \$15,000 \$15,000 - 24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 or more

Liquid Net Worth:

Under \$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 or more

Mother's Maiden Name: _____

ID Number: Check One of the following: Driver's License State ID Passport

_____ Expiration Date _____

ID Place of Issuance: _____

401k INFORMATION (NEW 401K'S ONLY)

Name of Entity (company) _____

EIN# _____ Type of business: S Corp. LLC Sole Proprietor

Date of Incorporation _____ State of Incorporation _____