

EXHIBIT K

Fee Schedule / Self-Directed Account



Thirty years of Genuine Self-Direction

REV 01.01.12

One-Time Installation:	\$60	(set-up fee, due with application)
Annual Trust Fee:	\$40	(first year trust fee due with application)
Annual Variable Fee:		
First	\$50,000.00	x .0085
+ Next	\$200,000.00	x .0055
+ Next	\$200,000.00	x .0015
+ Over	\$450,000.00	x .0010

Transaction Charges: 15 free transactions per year with a \$10.00 charge for each additional transaction.

Special Handling Fees: Special handling fees will only be charged to accounts which require special services; American Pension Services reserves the right to charge for extraordinary services upon prior notice to the account holder. For further information contact American Pension Services, Inc.

- | | |
|---|---|
| \$25.00 - Certificate/handling fee for stock prep | \$10.00 - Certified mailing fee |
| \$10.00 - Cashier's Check | \$15.00 - Incoming & Outgoing Bank Wire Fee |
| \$40.00 - Returned Check / ACH Fee | \$25.00 - Stop Payment Fee |
| \$30.00 - Standard Overnight Mailing Fee | \$100 - \$500/hr. - Meeting or Presence of APS rep. |
| \$25.00 - Assignment of Interest per asset | \$25.00 Reprint of tax reports 1099 or 5498 |
| 3% Credit Card Transaction Service Fee | |

Real Estate: Any special service required on real estate transactions will be billed at \$250 per hour. *For your protection, we will not handle real estate transaction without a title company involvement or hold real estate which is not covered by a title insurance policy.*

Coins: The special service required on coin transactions will be billed at \$100.00 per hour. Annual vault fee for coin storage: Small \$50.00, medium \$75.00, large \$100.00

Incidental Interest: All incidental interest which accrues as a result of APS' policy requiring contribution checks to clear for 5 days and check processing time resulting in float time is considered a fee.

Termination Fee:
1% of asset value
Minimum \$100.00 Maximum \$300.00

Partial Withdrawal Fee:
1% of amount distributed or transferred
Minimum \$10.00 Maximum \$300.00

Note: All fees are charged in advance of services, billed upon the anniversary date of the individual account. There are no prorated fees for early cancellation. The fee schedule shall apply until amended by the plan administrator. Your signature on APS master Adoption Agreement verifies agreement to this fee schedule. An hourly rate charged for services not covered by this fee schedule will be \$100.00 per hour.

I have read and understand the above fee schedule. I understand my set-up and first year trust fee is due with my application. I understand I am personally responsible for the payment of all annual fees regardless of the status of the investment(s) I choose to purchase in my account. I am also aware that I must keep a cash balance of \$250 in my account at all times.

APS

→ X

Account Owner's Signature

Date

Electronic Signature: A party may manifest its assent to this Fee Schedule and Fee Statement by clicking on a button displayed in a user interface, by typing the user's name, or by proceeding to actually use the www.americanpension.com online application, and such manifestations of assent shall be fully binding upon the parties as if manual signatures had been used.

Signature Identification #:	Date:	Time:
IP Address:		

AMERICAN PENSION SERVICES, INC.*

4168 W. 12600 S. Suite 300 Riverton, UT 84096 o 801 571 0667 tf 800 365 6949 f 801 208 7310 w www.americanpension.com

Payment Information / Self-Directed Account



Thirty years of Genuine Self-Direction®

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Please provide Credit Card or eCheck information for the one time setup fee and first years trust fee (\$100.00) required to open a new account. Payment information provided will remain on file to cover any delinquent fees. All account management fees are automatically deducted from the plan's cash balance. If cash is unavailable charges will be billed directly to the account owner. If the account remains delinquent for more than 30 days the Credit Card or eCheck information provided below will be used to collect.

I wish to pay account set-up and trust fee by Credit/Debit card.   (Visa/MasterCard only)

Name on Credit Card:										
CCV:			Credit Card Number:							
Expiration Date:	Billing Address:				City:		State:	Zip Code:		


Please ACH/eCheck debit my bank account to pay my account set-up and trust fee.

I authorize American Pension Services, Inc., to initiate a debit entry to my Checking Account Savings Account (select one) indicated below at the depository financial institution named below (DEPOSITORY) and to debit the same to such account. I acknowledge that the origination of ACH/eCheck transactions to my account must comply with the provisions of U.S. Law.

Name on Bank Account:										
Address on Bank Account:						State:		Zip:		
Depository Name:						Branch:				
City:				State:		Zip:				
Routing Number: (9 digits)								Bank Account #:		

This authorization is to remain in full force and effect until account owner notifies American Pension Services, Inc. of different payment information.

8000
1111

 X _____
Account Owner's Signature **Date**

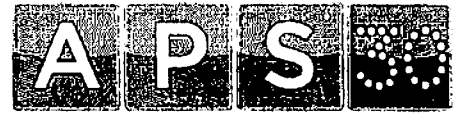
Electronic Signature: A party may manifest its assent to this Self-Directed Payment information by clicking on a button displayed in a user interface, by typing the user's name, or by proceeding to actually use the www.americanpension.com online application, and such manifestations of assent shall be fully binding upon the parties as if manual signatures had been used.

Signature Identification #:			Date:		Time:
IP Address:					

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Designation Form / Beneficiary



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1. Account Owner Information :			
Account Owner Name: (First, Middle, Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			Social Security #
Mailing Address:	City:	State:	Zip Code:
Email Address:	Primary Daytime Phone Number:	Cell Phone:	

2. Designated Beneficiary Information:(provide at least 1 primary & 1 contingent)			
Primary Beneficiaries must = 100% and Contingent Beneficiaries must = 100%			
<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary			Share: %
Beneficiary Full Name: <input type="checkbox"/> Per Stirpes			Birth Date:
Mailing Address:	City:	State:	Zip Code:
Email address:	Home Phone:	Cell Phone:	
Social Security #:	Relationship to Account Owner:		
<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary			Share: %
Beneficiary Full Name: <input type="checkbox"/> Per Stirpes			Birth Date:
Mailing Address:	City:	State:	Zip Code:
Email address:	Home Phone:	Cell Phone:	
Social Security #:	Relationship to Account Owner:		
<input type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary			Share: %
Beneficiary Full Name: <input type="checkbox"/> Per Stirpes			Birth Date:
Mailing Address:	City:	State:	Zip Code:
Email address:	Home Phone:	Cell Phone:	
Social Security #:	Relationship to Account Owner:		

Check here if Designated Beneficiary List Continues

Acknowledgment and Signature: I hereby designate the above persons as primary and contingent beneficiaries to receive my interest in this IRA according to the terms of the APS MASTER INDIVIDUAL RETIREMENT TRUST ACCOUNT and hereby revoke any prior designations made by me. I understand that if a Trust is named as beneficiary, I must supply a copy of the Trust to APS to enable APS to properly distribute the account upon my death.

X Account Owner Signature: _____ Date: _____

AMERICAN PENSION SERVICES, INC.*

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Letter / Fund Transfer



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1. Account Owner Information:			
Account Owner Name:		Date of Birth:	
Social Security Number:	Primary Phone Number:	Email Address:	
Street Address:	City:	State:	Zip Code:
2. Current Trustee/Custodian Information:			
Company Name:		Account Number:	
Phone Number:	Fax Number:	Account Manager Name (if any):	
Transfer Department Address:	City:	State:	Zip Code:
3. Type of Funds:			
<input type="checkbox"/> Check here if this is an inherited IRA, then select account type below			
Account Type Being Transferred:		American Pension Services Account Type:	
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth 401(k)	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> HSA
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> HSA, Archer Medical Savings	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Coverdell Education (CESA)
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Coverdell Education (CESA)	<input type="checkbox"/> SEP IRA	
<input type="checkbox"/> SIMPLE	<input type="checkbox"/> Qualified Plan (403(b), TSA, 457, PS, DB)	<input type="checkbox"/> SIMPLE	
<input type="checkbox"/> 401(k)			

Instructions to Resigning Trustee:

Gentlemen, Please be advised that I wish to transfer all (or a portion) of my account and have designated FIRST UTAH BANK as successor custodian and American Pension Services, Inc. as administrator.

Transfer Funds as Follows (Check all that apply):

- Liquidate ALL assets and transfer the proceeds to American Pension Services, Inc.
- Partial liquidation in the amount of \$ _____
- Transfer ALL assets in-kind; Liquidate only market funds and certificates of deposit
- Partial transfer of assets in-kind (list assets and amounts in "special instructions")
- Wire Liquidated funds to APS - instructions attached (fees apply) APS will overnight transfer docs (\$30 Fee)
- Special Instructions: _____

*Forward checks to: American Pension Services, Inc. 4168 W. 12600 S. Suite 300 Riverton, UT 84096

*Forward Securities in negotiable form, registered as: American Pension Services, Inc. Administrator For "(Clients Full Name)"

4. Signatures :

This is to inform you that FIRST UTAH BANK is a state chartered and FDIC insured depository institution which qualifies First Utah Bank to act as custodian of my IRA deposit and I hereby approve the transfer of assets to that institution. I understand that I am responsible for determining my eligibility for all transfers and I agree to indemnify and to hold both the Custodian and the Administrator harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian and Administrator cannot provide legal advice and I agree to consult with my own legal or accounting professional for advice.

X Client Signature: _____ Date: _____

This is to inform you that FIRST UTAH BANK has an approved and qualified plan and that we hereby accept the transfer of assets to the appropriate plan.

American Pension Services, Inc. Authorized Signature Date

Authorized "Medallion Signature Guarantee" Stamp

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