

Zero-Value Form

A ACCOUNT H	IOLDER INFORMATIO	N			
First & Last Name:			Account Number:		
B ASSET INFO	RMATION				
Asset ID/CUSIP:		Asset Type:		Percentage of Ownership:	
Asset Description:		·			
Reason for Zero Value:					
Distribute from account: O No O Yes, distribute the asset with a value of \$1.00					
C SUPPORTIN	IG DOCUMENTATION	OF ZERO VALUE ASSET			
Supporting documents are required and asset will not be devalued until QTC has received the appropriate documentation. Include any supporting documentation which may prove the asset has zero value. Supporting documentation includes bankruptcy documents, receivership paperwork, foreclosure documentation, or a letter from an attorney claiming the asset is uncollectible or worthless.					
Description of supportin	g documentation				
Document 1					
Document 2					
Document 3					
Document 4					

D SIGNATURE

I certify that I have received the services of a qualified individual to prepare, present, and attest to the value of the asset listed above. I also certify that the information contained herein is true and accurate to the best of my knowledge. I understand that this valuation will be used to report the asset's value to the Internal Revenue Services (IRS). I understand that any false or misleading valuation/appraisal of any asset may result in penalties for both the valuator and account holder.

By executing this form, I am attesting that I have exhausted all reasonable efforts to collect and believe the asset is worthless/uncollectible; and I am directing QTC to reduce the value of the asset accordingly.

I understand that QTC serves as the custodian of my self-directed account, which is administrative in nature, QTC does not provide tax, legal, investment or structuring advice. I certify that I have conducted my due diligence before submitting this request and ensured the request complies with Internal Revenue Code and any applicable federal and state laws. I agree to indemnify and hold QTC harmless for any loss, liabilities, any and all claims, damages, actions, cost, or expenses (including reasonable attorney fees) that may result from my request to zero value an asset.

Certification to Distribute

By making the election to distribute this asset, I understand and agree that QTC will be reporting the distribution to the IRS. Once distributed, I understand that any income deriving from this asset will be taxable to me personally and cannot be deposited into the IRA. I expressly assume full responsibility of determining the taxable amount of this distribution, for determining whether the distribution is qualified, and for any adverse consequences, which may arise from the distribution.

Prepared	By:
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○ Account Holder

○ Limited Power of Attorney

Signature