New Account Application Form

- Individual & Joint Accounts

AURUM
HELVETICA

Secure Segregated Storage - Individual or Joint Account

Please note this form is for opening an Individual or Joint Account only. All information will be kept confidential and used solely for the purposes of opening an account.

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Please note our minimum order size and minimum storage fees below:

Minimum order size: 100 oz of silver or 1 oz of gold, platinum or palladium.
Minimum storage fees: $75 USD per quarter (3 months). Storage fees only begin once metal is deposited.

Section 1 - Account Owners

Name 1 (primary contact): _____

Nationality: _____

Occupation: _____

Employer: _____

Date of birth: _____

Permanent residential address: _____

City: _____

State/Province: _____

Country of residence: _____

ZIP/Postal Code: _____

Phone Number: _____

Email _____

Are you the beneficial owner of the account?

☐ Yes ☐ No

Name 2: _____

Nationality: _____

Occupation: _____

Employer: _____

Date of birth: _____

Permanent residential address: _____

City: _____

State/Province: _____

Country of residence: _____

ZIP/Postal Code: _____

Phone Number: _____

Email: _____

Name 3: _____

Nationality: _____

Occupation: _____

Employer: _____

Date of birth: _____

Permanent residential address: _____

City: _____

State/Province: _____

Country of residence: _____

ZIP/Postal Code: _____

Phone Number: _____

Email: _____

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Section 1 - Account Owners

Name 4: _____

Nationality: _____

Occupation: _____

Employer: _____

Date of birth: _____

Permanent residential address: _____

City: _____

State/Province: _____

Country of residence: _____

ZIP/Postal Code: _____

Phone Number: _____

Email: _____

Section 2 - Account Owner Signatures

All account owner signatures:

Signature (Name 1): _____

Signature (Name 2): _____

Signature (Name 3): _____

Signature (Name 4): _____

Section 3 - AML/KYC Requirements and Verification

To comply with global due diligence requirements Aurum Helvetica ('AH') must verify the identity of all clients, source of wealth and political exposure. Please provide the following:

1. A copy of a passport or driver's license for each Account Owner. The passport or driver's license must be in color, clear and current.

2. A copy of a utility bill for all listed Account Owners. The utility bill must include the address(es) you have provided for Account Owners. Utility bills must be dated within the last 3 months. Telephone, cable, internet, power, water bill, bank account statement or lease agreement are accepted.

3. Source of funds: _____
   (To further comply with anti-money laundering, terrorism and proliferation funding, we kindly ask that you indicate the source of funds for transactions with AH such as investment proceeds, real estate, inheritance, salary/employment income, savings, etc.)

4. Are any of the Account Owners considered a Politically Exposed Person (PEP)? _____
   (a PEP is described as a person entrusted with a prominent public function or position) Yes / No

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Section 4 - Additional Information

What is your initial intent with AH? Please select all that apply.

Buy and store with AH ☐ Ship pre-owned metals to AH ☐ Ship to my home address ☐ Not sure yet ☐

How did you learn about AH? _____

Have you already spoken with an AH sales representative? _____

If so, write the name of the person you spoke with

Would you like to receive our quarterly newsletter, product promotions and company alerts by email? _____

If so, write 'Yes'

If you would like to name beneficiaries to your account, please complete and return the attached Beneficiary Designation form. If not, please provide an emergency contact:

_____ _____ _____

Name Phone Email

Section 5 - Declaration and Signature

I hereby declare that the particulars given herein are true, correct, and complete to the best of my knowledge and belief, and that I am not making this application for the purpose of contravening any Act, Rules, Regulations, statutes, legislation, Notifications or Directions issued by any governmental or statutory authority. This includes jurisdictional tax reporting obligations.

I hereby accept and acknowledge that AH shall not be held liable should the applicant(s) not be forthcoming in their ability to abide by local, state/provincial and federal regulations.

I acknowledge that the minimum order size is 100 oz of silver or 1 oz of gold, platinum or palladium. I also acknowledge that the minimum quarterly storage fee (3 months) is $75 USD and that payment for my orders must be initiated by bank wire, ACH payment or Bitcoin within 48 hours (not including weekends) of the order being confirmed by AH.

_____ _____ _____

Full Name Signature of Applicant Date

Section 6 - Instructions

Please complete and return this form by email to info@aurumhelvetica.com.

An Aurum Helvetica representative will be in touch with you shortly to confirm your account has been opened.
If you have any question, please email info@aurumhelvetica.com.

Reset Form Print Form

AURUM HELVETICA

BENEFICIARY DESIGNATION FORM

Please note this form is optional. Beneficiaries are not required and can be added at a later date.

AH Account Number: _____

Account Name(s): _____

Marital Status: _____

Address: _____

_____

Phone Number: _____

Email: _____

The account owner designates the following beneficiaries to receive or claim any account holdings whether in currency or metals in storage under the account owner listed name, payable on and after the death of the account owner.

PRIMARY BENEFICIARIES; in equal shares unless otherwise provided below: (Indicated % for each beneficiary= 100%)

Full Name **Address** **Relationship**

_____ _____ _____

Passport / Driver's License Number **Date of Birth** **Phone number** **Percentage**

_____ _____ _____ _____

Full Name **Address** **Relationship**

_____ _____ _____

Passport Number / Driver's License **Date of Birth** **Phone number** **Percentage**

_____ _____ _____ _____

Full Name **Address** **Relationship**

_____ _____ _____

Passport Number / Driver's License **Date of Birth** **Phone number** **Percentage**

_____ _____ _____ _____

I the undersigned am in full capacity and request that Aurum Helvetica ('AH') follow any provisions and or instructions as set forth in this Beneficiary Designation Form.

Account Owner Signature: **Date:**

_____ _____

PROVISIONS

1. DECEASED BENEFICIARIES - Unless otherwise provided in this form, the interest of any deceased beneficiary shall be shared by the surviving beneficiaries then entitled, in equal shares, or shall fall to the last surviving beneficiary.

2. Primary Beneficiaries shall provide Aurum Helvetica ('AH') with death certificate of deceased account owner and valid passport or driver's license identification document of each primary beneficiary before listed primary beneficiaries can receive or claim any metals or currency from the account of deceased owner.

   If the beneficiary is a trust, a copy of the trust document/agreement and valid passport or driver's license identification document of each settler, trustee and beneficiary of the trust must be provided to AH.

3. Only the account Owner at his discretion can revoke, cancel and or make changes or updates to this Beneficiary Designation Form, and shall be done with written notice to Aurum Helvetica ('AH') any such notifications shall be effective as per the date of notification. Subsequent Beneficiary Designation Forms shall supersede all prior written Beneficiary Designation Forms.