



## PHYSICAL GOLD FUND I SP SUBSCRIPTION QUESTIONNAIRE – INDIVIDUAL

In order to proceed with an investment in 'Physical Gold Fund' the information requested in the following questionnaire is required.

Once the completed questionnaire is received from you the data provided will be used in order to prepare the official Subscription Agreement.

Your fully completed Subscription Agreement will be emailed to you via secure link, we ask you to check that all details entered are correct, once you are satisfied, please then sign and return (electronically).

If you have any queries regarding the questions posed in the questionnaire or require clarification, please do not hesitate to contact us.

① Full name \_\_\_\_\_

② Total amount of subscription in USD \_\_\_\_\_

③ Date of subscription \_\_\_\_\_

④ Share class to subscribe \_\_\_\_\_

⑤ Type of account (Please check one)

Individual  
Joint

Joint tenants (rights of ownership) or tenants in common (no rights of ownership)?

Is the other person a US citizen or permanent resident? Yes No

If yes, provide full name, \_\_\_\_\_  
Date of birth of joint tenant \_\_\_\_\_  
Social security number, passport or driver license of joint tenant \_\_\_\_\_

Grantor trust

Does the subscriber files or has ever filed a tax or information return as a partnership, a grantor trust or an S corporation? Yes No

Individual retirement account

If the Subscriber is subscribing as a trustee or custodian for an individual retirement account, is the Subscriber a qualified IRA custodian or trustee? Yes No

Name of qualified IRA Trustee or custodian \_\_\_\_\_

⑥ Residence Address \_\_\_\_\_

⑦ City/Town \_\_\_\_\_

⑧ State/province \_\_\_\_\_

⑨ Postal code \_\_\_\_\_

⑩ Country of domicile/Citizenship \_\_\_\_\_

⑪ Mailing address (if different from above) \_\_\_\_\_

⑫ Email address \_\_\_\_\_

⑬ Telephone (indicate if work, cell or home) \_\_\_\_\_

⑭ Secondary telephone (indicate if work, cell or home) \_\_\_\_\_

⑮ Fax \_\_\_\_\_

⑯ Date of birth \_\_\_\_\_

⑰ City of birth \_\_\_\_\_

⑱ Country of birth \_\_\_\_\_

⑲ Primary Social Security Number \_\_\_\_\_



Think outside the Bank

**PHYSICAL GOLD FUND I SP  
SUBSCRIPTION QUESTIONNAIRE – INDIVIDUAL (continued)**

20 Passport or Driver's License Number \_\_\_\_\_

21 Country of tax residence \_\_\_\_\_ Taxpayer Identification Number ("TIN") or Social Security Number

1) \_\_\_\_\_ 1) \_\_\_\_\_

2) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 3) \_\_\_\_\_

22 If TIN unavailable, please provide an explanation \_\_\_\_\_

23 If you have any other tax residence, provide details \_\_\_\_\_

24 US Citizenship or US Residence

I am a US citizen and/or resident in the US for tax purposes \_\_\_\_\_

I was born in US or a US territory but I am no longer a US citizen \_\_\_\_\_

I am not a US resident or citizen for tax purposes \_\_\_\_\_

25 Are you a person or entity that is not a US person and about which the foregoing beneficial ownership information is not known and cannot reasonably be obtained because the beneficial interest is held through a chain involving one or more third-part intermediaries? Yes No

26 Are you purchasing through a Financial intermediary? Yes No

If yes, provide name of financial intermediary \_\_\_\_\_

Subscriber's financial intermediary account \_\_\_\_\_

27 Remitting Bank Information

Name and address of remitting bank \_\_\_\_\_

Wire instructions (include account name, account number, ABA, Chips or Swift) \_\_\_\_\_

Account representative and phone number \_\_\_\_\_

28 Accredited investor status

Any natural person who had an individual income in excess of Two Hundred Thousand Dollars (\$200,000) in each of the two most recent years or joint income with that person's spouse in excess of Three Hundred Thousand Dollars (\$300,000) in each of those years and who has a reasonable expectation of reaching the same income level in the current year;

Any natural person whose individual net worth or joint net worth, with that person's spouse, at the time of their purchase exceeds One Million Dollars (\$1,000,000.00), excluding the value of such person's primary residence, as determined in accordance with the Securities Act of 1933, as amended (the "Securities Act");"

29 Source of funds? (tick all that apply)

Investment income	Sale of an asset	Gift or donation
Employment income	Inheritance	Savings
Business activity income	Settlement of insurance	Other



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**SUBSCRIPTION QUESTIONNAIRE – INDIVIDUAL (continued)**

30 Please provide details about source of funds (including name and address of person of entity from whom you received funds if applicable)

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Physical Gold Fund and its Administrator maintain the highest standards of data security and protection. Please be assured that any information provided is at all times protected under our strict data security procedures and at no time will be shared with any third parties.