



Please Mail, Fax or E-Mail Completed Forms to:

GBI
 750 Third Ave
 Suite 702
 New York, NY 10017
 FAX: 646-219-1615
 EMAIL: service@bullioninternational.com

Joint Application Form

Joint Tenants with Rights of Survivorship Joint Tenants in Common

| | | | | | | | | |
|--|--|-----------------------------|-----|------|--|-----------------|---------|--------------|
| Primary Account Owner Name (First, Middle, Last)* | | | Mr. | Mrs. | Ms. | Street Address* | | |
| | | | | | | | | |
| Social Security Number* | | Date of Birth (MM/DD/YYYY)* | | | City* | | State* | Postal Code* |
| | | | | | | | | |
| Telephone (Primary)* | | Telephone (Alternate) | | | Country* | | E-mail* | |
| | | | | | | | | |
| United States Citizens or Resident Aliens* | | | | | International Applicants* | | | |
| Is this account subject to backup withholding? | | | | | Country of Citizenship: | | | |
| Yes - select form below and submit with application No <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY | | | | | Passport #: | | | |
| | | | | | Select tax form & submit with application: <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY | | | |

| | | | | | | | | |
|--|--|-----------------------------|-----|------|--|-----------------|---------|--------------|
| Secondary Account Owner Name (First, Middle, Last)* | | | Mr. | Mrs. | Ms. | Street Address* | | |
| | | | | | | | | |
| Social Security Number* | | Date of Birth (MM/DD/YYYY)* | | | City* | | State* | Postal Code* |
| | | | | | | | | |
| Telephone (Primary)* | | Telephone (Alternate) | | | Country* | | E-mail* | |
| | | | | | | | | |
| United States Citizens or Resident Aliens* | | | | | International Applicants* | | | |
| Is this account subject to backup withholding? | | | | | Country of Citizenship: | | | |
| Yes - select form below and submit with application No <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY | | | | | Passport #: | | | |
| | | | | | Select tax form & submit with application: <input type="checkbox"/> W9 <input type="checkbox"/> W8BEN <input type="checkbox"/> W8ECI <input type="checkbox"/> W8EXP <input type="checkbox"/> W8IMY | | | |

****By signing this form I attest that the above information is accurate and I also agree that I have read, understand and agree to the Account Opening and Disclosure Agreement, Terms of Use and Privacy Policy.**

| | |
|---------------------|--------|
| Signatures** | |
| Signature:* | Date:* |
| Full Name (Print):* | |

* Mandatory Field