

When to use this form:

- To open a Stadia Capital Preservation & Income Fund Account.
- To provide Stadia Capital with your Income Fund selection preferences.
- To provide Stadia Capital with your contact information.

1 Account Owner Information

We respect your privacy. Stadia Capital Group, LLC will use the information you provide to open and service your account, communicate with you and provide information about our services.

Owner #1 Name _____

Date of Birth _____ SSN _____

Owner #2 Name (optional) _____

Date of Birth _____ SSN _____

Preferred Phone Number _____

Preferred Email Address _____

Home/Legal Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Social Security Number needed for annual 1099-INT tax reporting.

EMAIL & MAILING OPTIONS: admin@stadiacapitalgroup.com

P.O. BOX 4710, El Dorado Hills, CA 95762-9998

P.O. BOX 437260, Kamuela, HI 96743-7260

2 Select Your Investment Terms

Initial Investment Amount	Investment Term	Rate
<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$ _____	<input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> _____	 _____ % APY

3 Investor Suitability Standards

The Company intends to sell the Certificates of Investments to an unlimited number of “Accredited Investors” only. Purchaser acknowledges and understands that the Purchaser must be an Accredited Investor in order to purchase the Certificates of Investment. Purchaser represents and warrants that Purchaser has not heretofore directly or indirectly provided any information or documents to the Company that, in any manner, may suggest, imply, and demonstrate or otherwise evidence, that the Purchaser is not an Accredited Investor. **To qualify as an Accredited Investor, you must check at least one of the following:**

<input type="checkbox"/> Any person whose individual net worth, or joint net worth with that person's spouse, at the time of his purchase exceeds \$1,000,000.00 (excluding the value of such person's primary residence).
<input type="checkbox"/> Any person who had an individual income in excess of \$200K in each of the two most recent years or joint income with that person's spouse in excess of \$300K in each of those years and has a reasonable expectation of reaching the same income level in the current year.
<input type="checkbox"/> Other – please see Investor Suitability Standards

4 Funding Options

WIRE

Stadia will provide wiring instructions after the application is submitted.

CHECK

Stadia Capital Group, LLC
P.O. Box 437260
Kamuela, HI 96743

SELF DIRECTED RETIREMENT ACCOUNT

Traditional IRA

Inherited IRA

SEP IRA

Roth IRA

SIMPLE IRA

Solo 401(k) Plan

5 Account Authorization

Account Owner #1 Signature

Today's Date (mm/dd/yyyy)

Print Name

Account Owner #2 Signature (if applicable)

Today's Date (mm/dd/yyyy)

Print Name

EMAIL & MAILING OPTIONS: admin@stadiacapitalgroup.com

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DIRECTION FOR INTEREST INCOME & RETURN OF CAPITAL FORM

www.stadiacapitalgroup.com | 1-800-893-6184 (inside the U.S.)

When to use this form:

- To provide Stadia Capital with your direction for payment of interest income & return of capital upon maturity.

1 Account Owner Information

Owner #1 Name _____

Owner #2 Name (if applicable) _____

2 Select Where Stadia Capital Should Send Payments

- Please make ACH direct deposits to the following account:

Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
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Financial Institution _____

Account Holder Name _____

ABA (Bank Routing Number) _____

Account Number _____

- Please mail payments to the following address:

Payee Name _____

Payee Address _____

3 Account Authorization

Account Owner #1 Signature

Today's Date (mm/dd/yyyy)

Account Owner #2 Signature (if applicable)

Today's Date (mm/dd/yyyy)