

Tax ID # needed  
for annual  
1099-INT tax  
reporting.

**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.

Trust Name \_\_\_\_\_

Tax ID or Social Security Number \_\_\_\_\_

Trustee #1 Name \_\_\_\_\_

Trustee #2 Name (optional) \_\_\_\_\_

Trustee #1 DOB \_\_\_\_\_ Trustee # 2 DOB (optional) \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home/Legal Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2 Select Your Investment Terms**

Initial Investment Amount
<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$ _____

Investment Term
<input type="checkbox"/> 24 Months
<input type="checkbox"/> 36 Months
<input type="checkbox"/> 48 Months
<input type="checkbox"/> _____

Rate
_____ % APY

EMAIL & MAILING OPTIONS: [admin@stadiacapitalgroup.com](mailto:admin@stadiacapitalgroup.com)  
 P.O. BOX 4710, El Dorado Hills, CA 95762-9998  
 P.O. BOX 437260, Kamuela, HI 96743-7260

### 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:**

- 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).
- 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.
- Other – please see Investor Suitability Standards

### 4 Funding Options

- |   |  |
|---|--|
| <input type="checkbox"/> <b>WIRE</b><br>Stadia will provide wiring instructions after the application is submitted. | <input type="checkbox"/> <b>CHECK</b><br>Stadia Capital Group, LLC<br>P.O. Box 437260<br>Kamuela, HI 96743 |
|---|--|

### 5 Account Authorization

_____	_____
Account Owner Signature (Trustee #1)	Today’s Date (mm/dd/yyyy)
_____	
Print Name (Trustee #1)	
_____	
Account Owner Signature (Trustee #2 - optional)	Today’s Date (mm/dd/yyyy)
_____	
Print Name (Trustee #2)	



# DIRECTION FOR INTEREST INCOME & RETURN OF CAPITAL FORM

[www.stadiacapitalgroup.com](http://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)