

When to use this form:

- To open a Stadia Capital Group account.
- To provide Stadia Capital Group 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.

ACCOUNT TYPE			
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> IRA	<input type="checkbox"/> Trust

Individual/Joint/IRA

Owner #1 Legal Name _____

Date of Birth _____ SSN _____

Owner #2 Legal Name (optional) _____

Date of Birth _____ SSN _____

Trust

Trust Name _____

TIN/SSN _____

Trustee # 1 Name _____

Trustee # 2 Name _____

SSN/TIN 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 Contact Info

Preferred Phone Number _____

Preferred Email Address _____

Home/Legal Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

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. **Accredited Investor verification is required within 90 days of funding. To qualify as an Accredited Investor, you must check at least one of the following:**

- | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | An individual whose individual net worth, or joint net worth with his or her spouse, presently exceeds \$1,000,000, excluding the value of his or her primary residence. |
| <input type="checkbox"/> | An individual who had an income of more than \$200K in each of the two most recent years, or joint income with his or her spouse of more than \$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 our Accredited Investor Third-Party Verification form. |

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4 How Will You Fund Your Investment

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/Trustee #1 Signature

Today's Date (mm/dd/yyyy)

Print Name

Account Owner/Trustee #2 Signature (optional)

Today's Date (mm/dd/yyyy)

Print Name

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When to use this form:

- To provide Stadia Capital with your instructions on where to send interest payments & principal at redemption.

1 Account Owner Information

Owner #1/Trust Name _____

Owner #2 (if applicable) _____

2 Interest Payment Election I elect to receive monthly interest payments – **Capital Preservation & Income** I elect to reinvest monthly interest payments – **Capital Preservation & Growth.**
*Skip Section 3 Below.***3 Select Where Stadia Capital Should Send Interest Payments**

-
- ACH direct deposit to the following account:

Account Type Checking Savings Other _____

Financial Institution _____

Account Holder Name _____

ABA (Bank Routing Number) _____

Account Number _____

-
- Mail payments to the following address:

Payee Name _____

Payee Address _____

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4 Select Where Stadia Capital Should Send Principal at Redemption

- Use the same instructions as the interest payments above.
- ACH direct deposit 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 _____

- Mail a check to the following address:

Payee Name _____

Payee Address _____

5 Account Authorization

Account Owner/Trustee #1 Signature

Today's Date (mm/dd/yyyy)

Account Owner/Trustee #2 Signature (optional)

Today's Date (mm/dd/yyyy)

Internal Use Only – Certificate # _____