



Perth Mint Certificate Program (PMCP)

Client Instruction Form

Fax completed form to: Asset Strategies International, Inc.
301-881-1936

Date: _____

I. Trade Instructions:

	<u>Dollar Amount</u>	<u>Number of Ounces</u>			
<input type="checkbox"/> Buy	\$ _____	_____			
<input type="checkbox"/> Sell	\$ _____	_____	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete	Cert. Number _____
<input type="checkbox"/> Delivery	\$ _____	_____	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete	Cert. Number _____

II. Allocation:

<u>Commodity</u>	<u>\$ Amt/Oz. /%</u>
<input type="checkbox"/> Gold	_____
<input type="checkbox"/> Silver	_____
<input type="checkbox"/> Platinum	_____

Complete this section for Allocated Storage Only

<u>Bar</u>	<u>Coin</u>	<u>Bar or Coin Size</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

III. Storage:

Unallocated
 Pooled (Silver Only)
 Allocated

IV. Price Execution:

<u>Market</u>	<u>Market Order</u>	<u>Limit Order*</u>
<input type="checkbox"/> Perth Mint Spot	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> London Fix AM**	<input type="checkbox"/>	N/A
<input type="checkbox"/> London Fix PM**	<input type="checkbox"/>	N/A

** To execute basis the London AM OR PM Fix you must specify the number of ounces being purchased/liquidated AND meet the below requirements.

*Limit orders are valid for 30 days unless executed, modified or removed.

*Limit orders are monitored 24 hours a day, once received by Perth Mint, and MUST meet the following minimums:

Gold: 100 ounces Silver: 10,000 ounces Platinum: 100 ounces

V. Proceeds (Complete for liquidation only):

Check (for partial liquidation please select one)

- Mail on receipt of proceeds from Perth Mint
- Mail with new Certificate (approx. 10 days)

 Wire (Instructions to be provided at the time of liquidation, in writing)

 Hold at ASI for future purchase

Wiring Instructions

Bank Name: _____
 City, State: _____
 ABA: _____
 Acct Name: _____
 Acct #: _____

 Client's Name and or SECU # (Please Print)

 SS # (Required for Liquidation)

 Client Signature

 Date