



P.O. Box 460
 Selma, OR 97538
 503-342-3480 Voice
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 www.silvercache.com

Wealth Plan Order

Client Information

Individual (Check if) Sole Prop Custodial

Buyer Name (or FBO if Custodial Account) _____

Trade Name, DBA or Custodian (if applicable) _____

Financial Entity (Select One)
 Corporation Partnership LLC Trust

Company Name _____

Contact Person _____ Title _____

Phones

() - _____
 Day Ext

() - _____

Eve _____

() - _____
 Fax

() - _____

Cell/Pager/Msg _____

State Organized In _____ / _____
 Org. Date

Mailing Address

Address _____

City _____ State _____ Zip Code _____

Shipping Address Check if same as above

Address _____

City _____ State _____ Zip Code _____

Email Address

Contact Only (never rented or sold) _____

Monthly Plan Level

M.P.F. Shipping Total

100.00 + 7.75 = 107.75

200.00 + 8.75 = 208.75

300.00 + 10.75 = 310.75

500.00 + 12.75 = 512.75

700.00 + 14.75 = 714.75

1000.00 + 18.75 = 1018.75

Initial Funding Amount Due

\$ _____

Funding Method (Select One)

Cashiers Check or Money Order

NOTE: Payments received after the 25th of the month will be applied to the following month's funding.

Automated Check Debit

Depository Name & Branch _____ ABA# (9 digits) _____

Name on Checking Account _____ Account # _____

I authorize Silver Cache to debit the above account to fund my monthly Wealth Plan until I give timely written notice to the contrary to Silver Cache.

Authorized Signature _____ Date _____

Please attach a check from this account.

Credit Card (Select Type)

Visa M/C Am/Ex Discover

Card Number _____ Expires _____

Name On Card _____ Sec Code _____

I authorize the monthly funding of my Wealth Plan to be charged to this credit card by Silver Cache until I give timely written notice to terminate this authorization.

Authorized Signature _____ Date _____

Miscellaneous

Ship Coin Value As:

Silver Only Gold Only Mixed

Choose Recurring Order Cycle Date

5th 12th 19th 25th

Special Instructions

Referral & Affiliate Info

Referring Client or Affiliate Name _____ P.O. # _____

Alliance Affiliate Name (if different) _____ P.O. # _____

Wealth Plan Order Terms & Conditions

By signing this form below, the undersigned (the "Client") is authorizing Wealth Plan Systems LLC (the "Plan Administrator") to process monthly recurring payments in the amount and by the method selected above to fund the Wealth Plan described herein. Client hereby confirms that he/she has read, understands and agrees to be bound by the following Terms and Conditions (the "Agreement").

PLAN DESCRIPTION & BENEFITS: Client affirms that he/she has received, read and understands the documents describing the Silver Cache Plan 4 Wealth System and the Policies and Conditions that govern Wealth Plans. Said documents are made a part of this Agreement by reference.

TERM: Monthly funding by Client of this Wealth Plan shall initiate upon its acceptance by the Plan Administrator, and shall continue until terminated by either party. Client may discontinue further funding by delivering written notice to the Plan Administrator by mail, fax or email at least 3 days prior to the Client's next cycle date. The Plan Administrator may, without liability, suspend or terminate shipments at any time for nonpayment or any other breach of this Agreement by Client.

PLAN CHANGES: Client may change the options in this Wealth Plan by providing written instructions, with an authorizing signature, to the Plan Administrator at least three business days prior to the next scheduled cycle date.

AMENDMENTS: Plan Administrator reserves the right to revise the policies, procedures, terms and conditions under which it will administer this Plan at any time by publishing such revisions. Client acceptance of such changes shall be assumed in lieu of written notice opposing them delivered to the Plan Administrator prior to the next cycle date.

ASSIGNMENT: The Plan Administrator may assign this Agreement in whole or in part. Upon assignment, Plan Administrator shall be released from any & all liability hereunder. Client may not assign this Agreement without consent of Plan Administrator.

INDEMNITY: In no event shall the Plan Administrator be liable for representations made by any third party. This includes, but is not limited to, statements regarding financial expectations, performance or return on investment.

DAMAGES: In no event shall Plan Administrator be liable to Client, or any third party, for damages of any kind, including indirect, special, incidental or consequential damages or loss of profits or income, whether or not Plan Administrator has been advised of the possibility of such damages. Plan Administrator makes no express or implied warranties (including those of merchantability or fitness for a particular purpose). Client's sole recourse shall be the delivery of products ordered & paid for hereunder.

SEVERABILITY: If any portion of this Agreement is held invalid or unenforceable, the balance of the provisions shall remain unaffected and shall be construed as if not containing that portion.

GOVERNING LAW: This Agreement shall be governed by and construed under the laws of the State of Oregon.

ENTIRE AGREEMENT: These terms and conditions, together with any other documents incorporated herein by reference, constitute the entire Agreement and understanding between the parties hereto.

3 DAY RIGHT TO RESCIND: Client may cancel this Wealth Plan without penalty within 3 days (5 days in Alaska) after authorizing it. A written notice of cancellation must be delivered to Silver Cache within this period by mail, fax or email at the addresses shown above. Any payments processed for cancelled Plans will be sent back to the Client by Silver Cache within 21 days from receipt of such notice.

Client Signature _____

Date _____