



ACCOUNT APPLICATION FORM FOR A MINOR

Kitco Metals Inc.

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Section 1 - information on the Minor and the Tutor

a. The Minor

Full Name

Residential Address

b. The Tutor

Full Name

Residential Address

Occupation

Relationship to the Minor

Telephone Number

Email Address

Note: Please provide a copy of government-issued photo identification for the Tutor and a copy of the birth certificate for the Minor.

Section 2 - Subscribe to Kitco Emails

I agree to receive from Kitco Metals Inc.:

Kitco promotional emails
Notices of sales, product launches, surveys and invitations

Kitco newsletter
Precious metals news, commentaries/events

Kitco partner offers
Content and promotions from Kitco partners

You can withdraw your consent for any of the above communications at any time.

Section 3 - Declaration and Signature of Tutor

I hereby confirm my intention to establish an account with Kitco Metals Inc. ("Kitco") for the Minor in his/her name, to be operated by me in my capacity as Tutor. The Minor will be the sole owner of any funds or precious metals held in this account and will take full possession of said funds or precious metals upon attaining the age of majority (18 years old).

I hereby acknowledge and understand that as a Tutor, I can only make investments that are presumed to be sound. Furthermore, I understand that as I am the operating authority of the account, Kitco will act upon my instructions with respect to the account. Kitco will not be held liable for any claims, damages or losses incurred or any issues arising as a result of following said instructions. I accept and understand that my operating authority on the Minor's account can be revoked through a formal written notice given to Kitco by the Minor upon attaining the age of majority.

I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, and that I am not making this application for the purpose of contravening any Act, Rules, Regulations, statutes, legislation, Notifications or Directions issued by any governmental or statutory authority.

Full Name (Please Print)

Signature

Date

Section 4 - Referral Program (if applicable)

Please enter the referral code that was sent to you by your friend.