

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2. DISTRIBUTION AMOUNT & FREQUENCY

Indicate the amount and frequency of each payment. Recurring distributions will continue until we receive written direction from you to cancel.

Gross Amount Per Payment:	Month to Begin:	Payment Occurrence:	Preferred Payment Day:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 15th

! IMPORTANT: To ensure this recurring distribution request will be processed by your selected start date, you must have available funds in your account and this distribution request must be received (with a copy of a voided check for ACH payments) no later than 10 business days before the selected start date.

PART 3. DISTRIBUTION DIRECTION

Please select a direction for this Recurring Distribution Request.

<input type="checkbox"/> New or Additional Setup	<input type="checkbox"/> Replaces Existing Payment	<input type="checkbox"/> Stop or Cancel Existing Payment
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PART 4. PAYMENT METHOD

Option 1. Check (See current Fee Schedule for applicable fees.)

Send check via: Regular Mail Overnight Mail (\$50.00) Cashier's Check + Overnight Mail (\$50.00)

Payee Name:

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Option 2. Wire

Bank Name:

Phone:

Check here if separate wiring instructions or additional information is attached.

Payee Name: (On bank account)

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Account #:

Type:

Checking

Savings

ABA (Routing) #:

Type:

Wire

ACH

! If the ABA routing number provided accepts both wire and ACH transaction and the box above is not checked, funds will be sent as a wire. If the ABA routing number provided is not for a wire account, funds will be sent as an ACH.

PART 5. ACCOUNT OWNER AUTHORIZATION

Important: Please read before signing.

I certify that I am authorized to take distributions from this retirement account and all information provided by me is true and accurate. I confirm receipt of the State Withholding Notice Information.

I understand this is a self-directed account meaning that I am solely responsible for the selection, due diligence, management, review, retention and liabilities of all investment(s) and for the accuracy of the instructions provided to the Custodian or Administrator to fulfill those investments. I understand the Custodian and Administrator are not fiduciaries and do not provide investment, tax or legal advice. I expressly assume all liability, and agree Custodian is not responsible, for any consequences that may arise from this distribution.

Signature of IRA Owner:

IRA Owner Name: (Print or Type)

Date: (MM/DD/YYYY)