



ACTION FORM

LETTER OF AVAILABLE FUNDS AUTHORIZATION REQUEST

MAILING ADDRESS
Horizon Trust Company
P.O. Box 30007
Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:
Horizon Trust Company
6301 Indian School Rd. NE, Suite 614
Albuquerque, NM 87110

P: 888-205-6036 • F: 505-288-3905 • Operations@Horizontrust.com

ACCOUNT HOLDER INFORMATION

Name : _____ Account # : _____

ASSET INFORMATION

Description : _____

LETTER CONFIRMING AVAILABLE FUNDS

I authorize a letter confirming available funds to be forwarded to the following company or individual:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Available Funds To Be Stated In Letter \$: _____

MAILING INSTRUCTIONS

- | | |
|--|---|
| <input type="checkbox"/> Mail To The Above Address | <input type="checkbox"/> Overnight To The Above Address <i>(Overnight \$40 Fee)</i> |
| <input type="checkbox"/> Fax: _____ | <input type="checkbox"/> Email: _____ |
| <input type="checkbox"/> Fax: _____ | <input type="checkbox"/> Email: _____ |

My IRA account is self-directed and I alone am responsible for the selection, due diligence, management, review and retention of all investments in my account. I agree that the Custodian are not a "fiduciary" for my account, as the term is defined by in the Internal Revenue Code, ERISA or any other applicable federal, state or local laws. I hereby direct the Custodian, in a passive capacity, to enact this transaction for my account, in accordance with my agreement. I have read and received all pertinent information relating to the investment named herein.

Signature : _____ Date : _____