



ACTION FORM
RECURRING BILL PAY 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

ACCOUNT HOLDER INFORMATION

Name : _____ Account N° : _____
Primary Contact Number : _____ Email Address : _____

PROCESSING ELECTIONS (choose one)

Normal Processing (3-days, no charge) Expedited Processing (\$50 fee, same day if received by 11am MT)
**Default is Normal Processing if no election is made*

ASSET INFORMATION

FOR THIS BILL PAY REQUEST PLEASE INCLUDE A COPY OF THE INVOICE FOR THE ASSET

Asset Description : _____ ARN# (Asset Reference Number) : _____
Reason for Request: _____

RECURRENT ASSET EXPENSE SCHEDULE

Start Date (mm/dd/yy): _____ Monthly Quarterly
Amount: _____ Other (specify) _____
Discontinue Date (mm/dd/yy) : _____

**Only sign and date the signature line corresponding with your request. If you choose both a start and a discontinue date, you must sign both signature lines.*

PAYMENT INSTRUCTIONS

Amount: \$ _____

Payment Options:

Fund by Check (\$5) *Default if no election is made* Fund by Check & Mail Overnight (\$45)
 Fund By Cashiers Check & Overnight (\$55)

Make Check Payable To: _____

Mail To (If different from payee): _____

Address: _____

City: _____ State: _____ Zip: _____

Reference (Optional): _____

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.

Start Signature : _____ Date : _____

Discontinue Signature : _____ Date : _____