



ACTION FORM

LETTER OF AVAILABLE FUNDS AUTHORIZATION REQUEST

HORIZON TRUST COMPANY
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Albuquerque, NM 87110

Phone: 888-205-6036
Fax: 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 : _____