



SIGNATURE REQUEST FORM

HORIZON TRUST COMPANY
6301 Indian School Rd NE Ste.200
Albuquerque, NM 87110

Phone: 888-205-6036
Fax: 505-288-3905
Operations@Horizontrust.com

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

Asset Description : _____ ARN# *(Asset Reference Number)* : _____

DOCUMENTS FOR SIGNATURE

I authorize the execution of the following documents listed below:

1: _____ 2: _____

Regular Mail

Overnight *(Overnight \$40 fee)*

Fax Number : _____ Email: _____

Mail To:

City : _____ State : _____ Zip: _____

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 : _____

THIS FORM CAN BE FAXED,E-MAILED OR MAILED AFTER SIGNATURE.