



AVAILABLE FUNDS AUTHORIZATION REQUEST

(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. ASSET INFORMATION

Description:

PART 3. LETTER CONFIRMING AVAILABLE FUNDS

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

Name:

Mailing Address: Apt/Unit/Ste: City: State: Zip:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fax Number: Email Address: Available Funds to be Stated in Letter:

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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Overnight Mail (\$50.00) Regular Mail

Important: Please read before signing.

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 of Account Owner	Print Name:	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>