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 Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

### PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### PART 2. BENEFICIARY INFORMATION

**Complete only if you are a beneficiary requesting a distribution from an account that you inherited.**

First Name:	M.I.:	Last Name:	Phone #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address:	City:	State:	Zip:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Tax ID: (SSN/TIN)	Date of Birth: (MM/DD/YYYY)	Email Address:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Photo Identification:	Identification Number:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Please Attach a legible color copy of a valid photo ID.

### PART 3. DISTRIBUTION AMOUNT

Distribute the requested amount as follows, provided there are no past-due fees on my account. *(See current Fee Schedule for applicable fees.)*

**Option A:** Total Distribution of Entire Account and Close Account *(Termination fees may apply.)*

**Option B:** Partial Distribution of the following:

Cash (Gross Amount): \$

Reregister the following asset(s):

	Asset Name:	Amount:
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## PART 4. PAYMENT METHOD

**Option 1. Check** (See current Fee Schedule for applicable fees.)

Send check via:  Regular Mail  Overnight Mail (\$50.00)  Cashier's Check + Overnight Mail (\$50.00)

Payee Name:

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

**Option 2. Wire**

Bank Name:

Phone:

Check here if separate wiring instructions or additional information is attached.

Payee Name: (On bank account)

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Account #:

Type:

Checking

Savings

ABA (Routing) #:

Type:

Wire

ACH

**!** If the ABA routing number provided accepts both wire and ACH transaction and the box above is not checked, funds will be sent as a wire. If the ABA routing number provided is not for a wire account, funds will be sent as an ACH.

## PART 5. ACCOUNT OWNER AUTHORIZATION

**Important: Please read before signing.**

I certify that I am authorized to take distributions from this retirement account and all information provided by me is true and accurate. I confirm receipt of the State Withholding Notice Information.

I understand this is a self-directed account meaning that I am solely responsible for the selection, due diligence, management, review, retention and liabilities of all investment(s) and for the accuracy of the instructions provided to the Custodian or Administrator to fulfill those investments. I understand the Custodian and Administrator are not fiduciaries and do not provide investment, tax or legal advice. I expressly assume all liability, and agree Custodian is not responsible, for any consequences that may arise from this distribution.

Signature of IRA Owner:

IRA Owner Name: (Print or Type)

Date: (MM/DD/YYYY)