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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 #:

Last 4 SSN Digits:

Date of Birth: (MM/DD/YYYY)

Email Address:

PART 2. CONTRIBUTION INFORMATION

I hereby authorize Horizon Trust Company to initiate debit entries to my account at the Financial Institution indicated below and for the Financial Institution to debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution. Until I give written instructions to the contrary, I direct the Custodian or Trustee to debit the amount requested as follows:

Contribution Type

☐ Traditional ☐ Roth ☐ SEP ☐ Coverdell ESA ☐ Health Savings Account

For SIMPLE IRAs:

☐ Elective Deferral ☐ Employer Contribution

For Individual 401(k) Plans:

☐ Elective Deferral ☐ Roth Elective Deferral ☐ Employer Contribution

Contribution Details

Tax Year of Contribution:

Contribution Amount: \$

Contribution Frequency

Payment Occurrence:

☐ One-Time ☐ Monthly ☐ Quarterly

Date to Begin (MM/DD/YYYY):

Banking Information

**Please attach a copy of a voided check.**

Account Type:

☐ Checking ☐ Savings

PART 3. ACCOUNT OWNER AUTHORIZATION

By submitting this form, I, as the account owner, acknowledge that I am responsible for the selection, due diligence, management, review, and retention of all investments in the account.

Signature of Account Owner:

Account Owner Name: (Print or Type)

Date: (MM/DD/YYYY)