

**Document Titling** 

investment documents should be as follows:

## SIGNATURE REQUEST FORM

O Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

First Name:	M.I.:	Last Name:	Account #:
_ast 4 SSN Digits:	Date of Birth: (MM/DD)	Email Addre	SS:
PART 2. ASSET IN	FORMATION		
Asset Name / Descriptio	n:		Asset Reference #: (If applicable)
PART 3. DOCUME	NT INFORMATION		
The following documents	listed below require a signatu		zon Trust. Documents submitted for signature muning must be listed individually, by name, below.
The following documents be related to an existing as	listed below require a signatu sset in your account. Each do		
The following documents be related to an existing as	listed below require a signatu sset in your account. Each do	cument that requires sig	
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"Horizon Trust FBO: (Your Name) (Account Type)"

Because your account is considered to be the legal owner of your investments, all assets and documents must reflect this ownership. Failure to title assets correctly may cause delays and/or tax consequences. The correct titling for all

Example: Horizon Trust FBO: Jane Doe Roth IRA

1 of 2 (Rev 12.2021) SIGNATURE REQUEST FORM

## **Document Handling**

A copy of the signed investment documents will be made available to you in accordance with our Information Security Policy. Please refer to the Investment Documentation section of your account's Custodial Agreement and Disclosure Statements for more information about how we store your records. Select any additional handling options that may apply:

Address:  EMAIL: Please email the above reference documents to Attention to:  FAX: Please fax the above reference documents to the Attention to:  Additional Processing Instructions / Notes	City:  the following individual: (Cor	
EMAIL: Please email the above reference documents to Attention to:  FAX: Please fax the above reference documents to the Attention to:	the following individual: (Cor Email: following individual: (Complete	mplete the following information)
Attention to:  FAX: Please fax the above reference documents to the Attention to:	Email:  following individual: (Complete	
Attention to:  FAX: Please fax the above reference documents to the Attention to:	Email:  following individual: (Complete	
FAX: Please fax the above reference documents to the Attention to:	following individual: (Complete	e the following information)
Attention to:		e the following information)
	Fax #:	
Additional Processing Instructions / Notes		
Additional Processing Instructions / Notes		
PART 4. ACCOUNT OWNER AUTHORIZATION		
mportant: Please read before signing.		
understand this is a self-directed account meaning that I am solution and liabilities of all investment(s) and for the accuracy ulfill those investments. I understand the Custodian and Admitegal advice. I hereby direct the Custodian, in a passive capacity greement. I have read and received all pertinent information relationships.	y of the instructions provided to nistrator are not fiduciaries and y, to enact this transaction for n	o the Custodian or Administrator to d do not provide investment, tax or my account, in accordance with m
Signature of IRA Owner: IRA Own	er Name: (Print or Type)	Date: (MM/DD/YYYY)

2 of 2 (Rev 12.2021) SIGNATURE REQUEST FORM