

(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. 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       Coverdell ESA       Health Savings Account

#### For SEP/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

Account Type

 Please attach a copy of a voided check.

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)   |
| <input type="text"/>        | <input type="text"/>                | <input type="text"/> |