



Letter of Instruction

3rd Party

Return of Funds

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

PART 1. PARTICIPANT INFORMATION

Participant Name:

Last 4 SSN Digits:

Horizon Account Number:

Address:

City:

State:

Zip:

3rd Party Company Name:

3rd Party Account Number:

PART 2. RETURN TYPE

I hereby direct the 3rd party listed above to execute the following return option(s) indicated below.

☐ Option A: Complete Return

☐ Return full balance.....Est. Cash Amount:

All assets must be liquidated before this form can be submitted.

☐ Option B: Partial Return

☐ Balance to be returned.....Amount:

Cash balance must be available before this form can be submitted.

PART 3. DELIVERY INSTRUCTIONS

☐ Via Regular Mail

Horizon Trust Deposits
2009 E Windmill Ln.
Las Vegas, NV 89123

☐ Via Overnight Mail *

Horizon Trust Deposits
2009 E Windmill Ln.
Las Vegas, NV 89123

*Clearing fees may apply

☐ Via Wire *

Receiver Bank: G Bank
Las Vegas, NV 89148

Acct # 1010227882
Routing # 122402366

Beneficiary Name: Horizon Trust Company
FFC: Client Name & Account Number

*Clearing fees may apply



Checks should be titled:
Horizon Trust FBO Client Name & Account Number

PART 4. LIMITED POWER OF ATTORNEY

I, the undersigned, do hereby grant a limited power of attorney to Horizon Trust Company, Inc, and its agents to request information regarding my account and the status of this return from the 3rd party company listed above. The power of attorney shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the return of the cash balance listed in the Return Type section of this form.

PART 5. AUTHORIZATION & SIGNATURE

I certify that the information contained in this form is true and correct. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian cannot provide legal advice. I indemnify and agree to hold the custodian harmless against any liabilities. I assume full responsibility for any consequences of this return of funds decision. The custodian agrees to accept these funds by signing below.

Signature of Account Owner: <i>(Black/Blue Ink)</i>	Account Owner Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>
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ACKNOWLEDGMENT OF ACCEPTANCE

The authorized signature certifies acceptance of the assignment and surrender, or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send funds with a copy of this form to Horizon Trust Company. Our organization confirms we serve as the Custodian for the plan of the above-named individual, and as Custodian, we agree to accept the assets being returned.

Signature of Custodian:	Date: <i>(MM/DD/YYYY)</i>
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