



Direct Deposit (ACH) payments are for PERIODIC DISTRIBUTIONS ONLY. You must complete this form to authorize IRA Services Trust Company to send periodic distributions to you by Direct Deposit (ACH). An ACH fee applies per distribution. Note that it may take up to 2 business days for your banking institution to post an ACH payment to your account once it is initiated by IRA Services.

1. PERSONAL INFORMATION (*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

| | | |
|---------------------|---|-----------------------------|
| First Name* | Middle Name | Last Name* |
| Account Number* | Social Security Number* (last 4 digits) | Date of Birth* (MM/DD/YYYY) |
| Phone* XXX-XXX-XXXX | Email (Your personal email only) | |

2. BANK ACCOUNT INFORMATION

I hereby authorize IRA Services Trust Company to initiate credit entries to my (select one):

| |
|--|
| <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account |
|--|

indicated below at the depository financial institution named below, hereafter called "Depository", and to credit the same to such account.

| | | |
|-----------------|----------------|---------------------|
| Depository Name | Branch Address | Branch Phone Number |
| City | State | Zip |
| Routing Number | Account Number | |

3. VOIDED CHECK

Please attach a copy of a voided check to this form.

Attach Voided Check Here

5. ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until IRA Services Trust Company has received written notification from me of its termination in such time and in such manner as to afford IRA Services Trust Company and Depository a reasonable opportunity to act on it.

Signature of Participant

Date (MM/DD/YYYY)

X

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Please submit this form with a copy of a voided check.

Email
distributions@IRAServices.com

Fax
(650) 745-1403

Regular mail
IRA Services
PO Box 7080
San Carlos, CA 94070-7080

Overnight mail
IRA Services
1160 Industrial Road, Unit 1
San Carlos, CA 94070-4128