

Section 1 Account Owner Information

First Name: M.I.: Last Name: Date of Birth: (MM-DD-YYYY)

Account #: Last 4 Social Security #: Email:

Section 2 Processing Options

If you would like expedited processing, please select one of the options below. If no option is selected, "Normal Processing" will apply. Processing fees will be paid by the cash available in your account unless you indicate otherwise.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10am PST.

Normal Processing
Processed within 3 business days.

Next-Day Service (\$50.00)
Processed by 4PM PST next business day.

Same-Day Service (\$100.00)
Processed within the same day.

I elect to cover the fees related to this form with the credit card I have on file. (If you do **NOT** have a credit card on file, please complete a **Credit Card Authorization Form**.)

Section 3 Distribution Instructions

Option A: Complete Distribution & Close Account
\$250 Termination and re-registration fees of \$95 per asset may apply.

Option B: Partial Distribution
All accounts are required to maintain a minimum balance of \$500.00. If your request would drop your balance below this amount, your request may not be processed.

Cash (Gross Amount): \$

Re-register the following asset: (\$95.00)

Section 4

Payment Method

I direct the Trustee or Custodian to distribute funds via:

Option 1: Mail a check to the following payee: ([€]35.00)

Payee Name:

Payee Tax ID #:

Address:

City, State, Zip:

Check Delivery Options:

Regular Mail

Priority Mail (+[€]15.00)

Overnight Mail (+[€]35.00)

Option 2: Wire funds directly to a payee's bank: ([€]50.00)

If the ABA provided is not for a wire account, funds will be sent as an ACH.

Bank Name:

I have attached separate wiring information.

Payee Name: *(On Bank Account)*

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Account #:

Routing (ABA) #:

Section 5

Account Owner Agreement & Authorization

Important: Please read before signing.

My account is self-directed and I, alone, am responsible for the selection, due diligence, management, review, and retention of all investments in my account. I agree that the Custodian and Administrator are not a "fiduciary" for my account, as the term is defined in the Internal Revenue Code, ERISA or any other applicable federal, state or local laws. I hereby direct the Custodian and Administrator, in their passive capacities, to enact this transaction for my account. I acknowledge and confirm that I have received, read and understand each of the disclosures for my account(s) and direction(s) of investment, and consent and agree to the terms and condition contained therein.

Account Owner Signature:

Account Owner Name: *(Please Type or Print)*

Date:

Congratulations! You are now able to submit your completed request.

We will keep you apprised of the progress of your distribution and look forward to continuing to assist you with any needs or questions that may arise.



Before you submit this form please remember to review all completed information prior to signing. When you are ready, mail, email or fax your completed documents to:

Mail to: **Provident Trust Group, LLC**
8880 W. Sunset Rd., Ste 250
Las Vegas, NV 89148

Email to: **info@trustprovident.com**

Fax to: **(702) 253-7565**