



## Section 4

## Payment Method

I elect to cover the fees related to this Withdrawal Request with the credit card I have on file.

I direct the Trustee or Custodian to disburse funds via:

Option 1: Mail a check to the following payee: (\$15.00)

Payee Name:

Payee Tax ID #:

Address:

City, State, Zip:

Check Delivery Options:

Regular Mail

Priority Mail (+\$15.00)

Overnight Mail (+\$35.00)

Option 2: ACH Withdrawal: (\$10.00)

Bank Name:

Bank Address:

City:

State:

Zip:

Payee Name: *(On Bank Account)*

Payee Tax ID #:

Account #:

Routing (ABA) #:



Please include a copy of a voided check. The ACH will not be completed prior to receiving a copy of the voided check.

## Section 5

## Account Owner Agreement & Authorization

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 consent and agree to the terms and condition contained therein.

Account Owner Signature:

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

Date: