

## Recurring Withdrawal Request Nonqualified Funds

**VIP Services:** (888) 855-9856 | info@trustprovident.com 8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1	Account Owner	Information			
First Name		MI	Last Name		
Email			r Digits of curity Number	Account Number	er
Section 2	Withdrawal Pro	cessing			
New Instruction	ns or Additional Setup	Change or Replace Exist	ing Payment	Stop or Car	ncel Existing Payment
		saction with the credit card I edit card is on file, fees will b			a credit card on file, please add a unt.)
Section 3	Payment Metho	d			
☐ I elect to cove	r the fees related to this W	thdrawal Request with the cr	edit card I have o	on file	
	ail a check to the following	•			
Payee Name	J		Pay	ee Tax ID Numbe	r
Address		City		State	Zip
Check Deliver	ry Options: Regular M	ail Expedited Delivery	☐ I Will Pick U		
	:H Withdrawal			r	
•		The ACH will not be complet	ed prior to receiv	ing a copy of the	e voided check
Bank Name	a copy or a relaca crice	menter in the section process.	ca prior to receiv	g a copy or are	, voluce circon
Bank Address		City		State	Zip
Pavee Name (	On bank account)		Pav	」 ∟ ee Tax ID Numbe	
rayee rume (	on bank accounty		- Tay	- Idx ID IVambe	'
A 1 N	L. Chill Ca		ABA Routing Nur	nhor	
Account Num	ber Checking S	avings	ADA NOULING INUI	IIDEI	

## **Section 4**

## **Account Owner Agreement and 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.

X		
Account Owner Signature	Account Owner Name (Please type or print)	Date (mm/dd/yyyy)
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	Please attach a voided check or	
	bank authorization letter here.	
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