

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section 2

### Withdrawal Processing

New Instructions or Additional Setup     Change or Replace Existing Payment     Stop or Cancel Existing Payment

\$

\$

I elect to pay the fees related to this transaction with the credit card I have on file. *(If you do **NOT** have a credit card on file, please add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)*

### Section 3


### Distribution Amount and Frequency

Indicate the amount and frequency of each payment. All accounts are required to maintain a minimum cash balance of \$500. If your request would drop your balance below this amount, the request may not be processed. Recurring distributions will continue until we receive written direction from you to cancel. If your recurring request is unsuccessful for three consecutive periods due to non-sufficient funds, we will cancel your request.

Gross Distribution Amount Per Payment \$  Starting Month  Day Preferred

**Frequency of Future Payments** *(Select one)*

Monthly     Quarterly     Bimonthly (every two months)

 In order to ensure this recurring distribution request will be processed by your selected start date, you must have available funds in your account and this distribution request must be received (with a copy of a voided check if you want ACH payments) no later than 10 business days before the selected start date.

I elect to pay the fees related to this transaction with the credit card I have on file. *(If you do **NOT** have a credit card on file, please add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)*

## Section 4

## Payment Method

**Option 1:** Mail a check to the following payee

Payee Name

Payee Tax ID Number

Address

City

State

Zip

Check Delivery Options:  Regular Mail  Expedited Delivery  I Will Pick Up

**Option 2:** ACH Withdrawal

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

Bank Name

Bank Address

City

State

Zip

Payee Name *(On bank account)*

Payee Tax ID Number

Account Number  Checking  Savings

ABA Routing Number

## Section 5

## 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)*



Please attach a voided check or bank authorization letter here.

