



Client Services | 888.990.7892
 E. info@ptcemail.com
 F. 702.946.0136
 W. www.preferredtrustcompany.com
 2140 E. Pebble Road, Suite 140
 Las Vegas, NV 89123

Fluctuating Monthly Recurring Investment Expense Authorization Form

Completed by IRA Account Owner

PTC IRA Account Number

The Fluctuating Monthly Recurring Investment Expense Authorization Form will be processed as directed by the IRA Account Owner unless otherwise notified in writing of a change or discontinuation.

SECTION 1 | IRA Account Owner Information

First Name Initial Last Name
 SSN DOB (MM/DD/YY) Email
 Phone Number Cell Phone Number

SECTION 2 | Investment Information

Preferred Trust Company requires a [photocopy of an invoice/authorization](#) for services/goods related to the asset to be attached to this form to be processed.

Name of Investment Asset
 Relevant % of Ownership **Maximum** Total Monthly Amount to be Paid \$

SECTION 3 | Payment Direction Information

Recurring Payment Frequency

I acknowledge that on the 1st business day of each month the payment as defined on the Fluctuating Monthly Recurring Investment Expense Authorization Form will be processed by Preferred Trust Company, unless I otherwise notify Preferred Trust Company in writing of a change or discontinuation. IRA Account Owner Initials

Check Payee Name

Mailing Instructions

Mail to Address
 City State Zip Code

SECTION 4 | Signature

By signing below you authorize Preferred Trust Company as Custodian to process the Investment Expense Authorization Form. **The Fluctuating Monthly Recurring Investment Expense Authorization Form will be processed as directed by the IRA Account Owner unless otherwise notified in writing of a change or discontinuation.**

Signature of IRA Account Owner Date
 Signature of Custodian Date