



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

Investment Expense Authorization Form

Completed by IRA Account Owner

PTC IRA Account Number

OUR GOAL IS TO MEET YOUR EXPECTATIONS. Please select the processing method you prefer:

- Normal Processing** | No additional charge. Processed within 3 to 5 business days.
- Expedited Processing** | An Expedited Processing Fee of \$100.00 will be charged to your IRA Account for same day processing if remitted by 10:00 am (PST).

SECTION 1 | IRA Account Owner Information

First Name Initial Last Name

SSN DOB (MM/DD/YY) Email

Phone Number Cell Phone Number

SECTION 2 | Distribution Type

Preferred Trust Company requires a **photocopy of an invoice** for services/goods related to the asset to be attached to this form to be processed.

Name of Investment Asset

Relevant % of Ownership Total Amount to be Paid \$

SECTION 3 | Payment Direction Information

For your convenience Preferred Trust Company offers three options when paying invoices; mailing a check, Automatic Clearing House (ACH), or a wire. Please select one of the options below.

Mail Check | 5 to 7 business days

Check Payee Name

Mail to Address

City State Zip Code

Direct Deposit* | 2 business days

*If you select **Direct Deposit**, Preferred Trust Company requires a copy of a **voided check** to confirm the bank account and routing numbers before the invoice can be processed. If the information provided is inaccurate your IRA account will be assessed a \$30.00 fee for a returned payment.

Name of Financial Institution Account Type Checking Savings

Name on Account Bank Account Number Routing Number

Wire** | 1 business day (A \$30.00 wire fee will be assessed from your IRA Account.)

If you select **Wire, Preferred Trust Company requires a copy of a **voided check** to confirm the bank account information **and** highly recommends you verify the routing number for the wire as it may not be the routing number illustrated on the voided check. Preferred Trust Company will use the information provided below to process the wire request. If the information provided is inaccurate you will be assessed a \$30.00 fee for a wire that is returned.

Name of Financial Institution

Account Type

Checking

Savings

Name on Account

Bank Account Number

Routing Number

SECTION 4 | Acknowledgement Signature

By signing below you authorize Preferred Trust Company as Custodian to process the Investment Expense Authorization Form.

Signature of IRA Account Owner

Date

Signature of Custodian

Date