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# 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  Last Name  Last 4 Digits of SSN  DOB (MM/DD/YY)   
 Daytime Phone Number  Email Address

## 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.

Property Address or 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

All checks will be sent to the address on the invoice provided unless, the **Special Delivery Instructions** below instructs Preferred Trust Company differently.

Special Delivery Instructions

## 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

### INTERNAL USE ONLY

**Verified**  
 (Initials and Date)