



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 Recurring Property Insurance Expense Authorization Form

Completed by IRA Account Owner

PTC IRA Account Number

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

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 Amount to be Paid When the amount listed exceeds the allowable amount approved, a Preferred Trust Company representative will contact you for approval.

SECTION 3 | Payment Direction Information

Recurring Payment Frequency

I acknowledge that property insurance is required to be maintained in a current status. Depending upon the premium payment structure (paid monthly, quarterly or annually), upon Preferred Trust Company receiving an invoice from the insurance carrier, the payment will be processed from my IRA up to the maximum amount authorized, unless the property is sold or I otherwise notify Preferred Trust Company in writing of a change. 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 Property Insurance Expense Authorization Form. **The Fluctuating Recurring Property Insurance Expense Authorization Form will be processed as directed by the IRA Account Owner unless otherwise notified in writing of a change.**

Signature of IRA Account Owner Date

INTERNAL USE ONLY

Verified
 (Initials and Date)