PREFERRED TRUST

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W. www.preferredtrustcompany.com
6700 Via Austi Parkway, Suite 301
Las Vegas, NV 89119

Credit Card Authorization Form

Traditional | Roth | SEP | SIMPLE

PTC IRA Account Number

WE ONLY ACCEPT VISA AND MASTERCARD.

You can elect (not required) to keep a credit card on file with Preferred Trust Company. If a credit card is on file, Preferred Trust Company will only charge the credit card when the cash balance in your IRA is not sufficient to pay outstanding fees while maintaining the required minimum cash balance **or** you request a fee to be paid with the credit card on file by sending an email request to info@ptcemail.com.

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 | Credit Card Information and Authorization Amount

WE ONLY ACCEPT VISA AND MASTERCARD.

Name of Cardholder ______

Billing Address ______ City ______ State ______ Zip Code ______

Credit Card Number ______ Expiration Date (MM/YY) ______ Verification Code ______

Reason for Charge (Example: Annual Administration Fee, Investment Transaction Fee, etc.) ______

Amount to be Charged ______

SECTION 3 | Acknowledgement Signature for Authorized Amount

I acknowledge that I am authorizing Preferred Trust Company at my direction to charge my credit card for the amount defined in Section 2.

Signature of Credit Cardholder ______ Date ______

SECTION 4 | Acknowledgement Signature for Credit Card on File for Future Fees

IMPORTANT: I acknowledge that I am authorizing Preferred Trust Company at my direction to charge my credit card with the following understanding; Preferred Trust Company will only charge the credit card when the cash balance in my IRA is not sufficient to pay outstanding fees while maintaining the required minimum cash balance as defined in the Preferred Trust Company Fee Schedule. Preferred Trust Company may pay a fee at my written direction to be charged to the credit card on file, if I notify Preferred Trust Company prior to the fee being due. I acknowledge that expenses associated with an investment and contributions cannot be paid with the credit card on file. I also acknowledge that it is my responsibility to update the credit card on file if any information changes.

Signature of Credit Cardholder ______ Date ______

INTERNAL USE ONLY

Verified
(Initials and Date) ______