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Las Vegas, NV 89119

## IRA Account Owner Information Request Form

PTC IRA Account Number	
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<b>NOTE:</b> A \$100.	00 IRA Service Fee	will be applied acco	ording to your selection	on below:					
O Deduct fee	(s) from my IRA Ac	count							
By selecting subsequent	fees should your IRA	cash balance not be si	eferred Trust Company to ufficient to pay outstand <b>n Form</b> . You can reques	ling fees while maint	taining the required m	iinimum cash bal	ed with this transa ance. If you do no	action and ot have a credit card	
SECTION 1	IRA Accou	nt Owner Info	ormation						
First Name		Last Name		Las	st 4 Digits of SSN	DOE	B (MM/DD/YY)		
Daytime Phon	e Number			Email Address					
SECTION 2	:   Request fo	r Account Do	ocuments						
address associa	ated with the IRA a	ccount unless other	omitted in writing to the rwise indicated below ess or email associated	v. Please be sure to	include the mailing				
Please indicate	in the space below	w the specific docur	ments for which you v	would like a copy.					
Documents Requested									
Documents will be sent to the email address on record, unless otherwise indicated below.									
Alternative Em	nail Address								
SECTION 3	Acknowled	dgement							
Signature of IF	RA Account Owner				Date				

**INTERNAL USE ONLY** 

**Verified** (Initials and Date)