

Client Service | 888.990.7892 E. clientservice@ptcemail.com F. 702.946.0136 W. www.preferredtrustcompany.com 6700 Via Austi Parkway, Suite 301 Las Vegas, NV 89119

## 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   Investr	nent Information			
Preferred Trust Company re	quires a <b>photocopy of an invoice</b>	<u>/authorization</u> 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	% <u>Maximum</u> Tot	ral 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 Fre	quency			
premium payment structu invoice from the insurance	re (paid monthly, quarterly or an e carrier, the payment will be p	maintained in a current status. Dependir nnually), upon Preferred Trust Company rocessed from my IRA up to the maxim eferred Trust Company in writing of a chan	receiving an num amount	
Check Payee Name				
Mailing Instructions				
All checks will be sent to the	e address on the invoice provided	unless, the <b>Special Delivery Instructions</b>	below instructs Preferred Trust Company differently.	
Special Delivery Instruction	S			
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 C	wner	Date		

**INTERNAL USE ONLY** 

Verified (Initials and Date)