PREFERRED TRUST

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

IRA Account Owner Information Request Form

Traditional | Roth | SEP | SIMPLE

PTC IRA Account Number

SECTION 1 | IRA Account Owner Information

First Name | Initial | Last Name

SSN | DOB (MM/DD/YY) | Email

Phone Number | Cell Phone Number

Street Address | City | State | Zip Code

SECTION 2 | Request for Account Documents

All requests for account documentation must be submitted in writing to the Client Services Department. Documents requested below will be sent to the email address associated with the IRA account unless otherwise indicated below. Please be sure to include the mailing address or email address where the documents should be sent if different than the address or email associated with the IRA account.

Please indicate in the space below the specific documents for which you would like a copy.

Documents Requested

Documents will be sent to the email address on record, unless otherwise indicated below.

Alternative Email Address

SECTION 3 | Acknowledgement Signatures

Signature of IRA Account Owner | Date

Signature of Custodian | Date