



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 Monthly Recurring Investment Expense Authorization Form

Completed by IRA Account Owner

PTC IRA Account Number

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

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 Monthly Amount to be Paid

SECTION 3 | Payment Direction Information

Recurring Payment Frequency

I acknowledge that on the 1st business day of each month the payment as defined on the Fluctuating Monthly Recurring Investment Expense Authorization Form will be processed by Preferred Trust Company, unless I otherwise notify Preferred Trust Company in writing of a change or discontinuation.

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 Investment Expense Authorization Form. **The Fluctuating Monthly Recurring Investment Expense Authorization Form will be processed as directed by the IRA Account Owner unless otherwise notified in writing of a change or discontinuation.**

Signature of IRA Account Owner

Date

INTERNAL USE ONLY

Verified
(Initials and Date)