



IRA Card CheckingSM Transaction Authorization Form

_____ performs record keeping and administration of your IRA on behalf of the Custodian named in the disclosure statement received when the account was established, will not review the merits of using an IRA Card CheckingSM. This form needs to be completed and submitted with an original receipt within thirty (30) calendar days of the transaction date. Submitting incomplete or late information will result in your transaction being classified and reported as a distribution. (Please refer to your IRA Card CheckingSM Disclosure Statement).

1. General information

Name (as it appears on your account application)	Entrust account number	Last four digits of your IRA Card CheckingSM

2. What would you like to do: Please select and complete section A, B, C or D.

A. Report an account transaction: Make a purchase, return or report a recurring transaction within my self-directed IRA account. **Asset transaction applies to:** (Indicate IRA asset that this purchase pertains to, such as a property address or parcel number.)

Select One: Purchase Transaction Return Transaction
 Recurring Transaction

Merchant or Service Provider <small>Provide merchant name, address, city, state, zip and phone number.</small>	Transaction Description	Amount	Date

Asset Purchase: Yes No Percent of ownership _____ % TOTAL: _____

Return: Indicate method of credit. Select all that apply. For cash refund/store credit, refer to IRA Card CheckingSM Disclosure Statement regarding taxation of distributions, including premature distributions & roll overs.

Cash Amount \$ Store Credit Amount \$ Credit The IRA CardSM Amount \$

Recurring: debit credit Description of recurring transaction:

Beginning Date: _____ End Date: _____ Frequency Monthly Quarterly Annually As Invoiced

B. Transfer Funds TO IRA Card CheckingSM (Allow 2 business days for availability) **C. Transfer funds FROM your IRA Card CheckingSM** to your un-invested cash within your IRA

Amount \$ _____ Date: _____ Amount \$ _____ Date: _____

D. Miscellaneous Changes Select One:

Cancel or Close IRA CardSM Reason: Lost Stolen Other: _____ If stolen, was the hotline called Yes No

Request a New PIN Reason: _____

<input type="checkbox"/> Stop Payment	Date: _____	Check # _____	Amnt: _____	Payee: _____	Reason: _____	Reissue? <input type="checkbox"/> Yes <input type="checkbox"/> No
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E. Deposit

Contribution Year: _____ Rollover (please attach a rollover certification form with to this form) Transfer

You understand that your account is self-directed and that the Administrator and Custodian named in the disclosure statement received when your account was established will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with your account in particular. You acknowledge that you have not requested that your Administrator provide, and Administrator has not provided, any advice with respect to the investment directive set forth in this IRA Card CheckingSM Transaction Authorization Form. You understand that neither the Administrator nor Custodian determine whether this is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, or any applicable federal, state, or local laws, including securities laws. You understand that no one at the Administrator or any of its licensees, franchisees, employees, officers or directors has authority to agree to anything different than your foregoing understandings of Administrator policy. You understand that the Administrator nor Custodian is a fiduciary with respect to the investment decisions for your account as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. You agree to release, indemnify, defend and hold Administrator or Custodian harmless from any claims arising out of this transaction, including, but not limited to claims that this transaction is not legitimate, not prudent, proper, or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. You also understand and agree that Administrator or Custodian will not be responsible to take any action with regard to this transaction. You are directing the Administrator to complete this transaction as specified above. You confirm that the decision is in accordance with the rules of your account, and you agree to hold harmless and without liability Administrator or Custodian of your account. You assume all responsibility in ensuring that Administrator is provided with full instructions (including, but not limited to, payment amounts, transaction dates, and payees). This shall be valid and in full force and effect until revoked in writing to Administrator. This transaction does not lend any part of the corpus or income of your IRA account to; pay any compensation for personal services rendered to the account to; make any part of its services available on a preferential basis to; acquire for the account any property, other than cash, from; or sell any property to, me, any member of my family, or a corporation controlled by me through the ownership, directly or indirectly, of 50 percent or more of the total combined voting power of all classes of stock entitled to vote, or of 50 percent or more of the total value of shares of all classes of stock of such corporation. You authorize the Administrator to receive statements and transaction information related to your IRA Card CheckingSM. You understand this is necessary for proper record keeping and reporting under IRS rules and regulations. You understand that your account is self-directed and that the Administrator and Custodian named in the disclosure statement received when your account was established will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with your account in particular. You declare that you have examined this document, the IRA Card CheckingSM disclosure and accompanying information. You agree to the terms and conditions stated therein, and to the best of your knowledge and belief, it is true, correct, and complete.

Please read the disclosure above the signature line before signing and dating. Do not email this form. Email is not a secure medium. Please send this form to your local Entrust office.

Signature _____ Date _____