

WHEN TO USE THIS FORM

This form should be completed when adding, replacing or updating credit card information to your account for use when paying account fees.

INSTRUCTIONS & GUIDELINES

Please make sure to complete section two if you are adding or replacing a credit card on your account. Section three should only be completed if the information on file requires updating.

If the credit card holder and IRA holder are different, both parties will need to sign and date the form.

CONTACT INFORMATION

ADDRESS

IRA Financial Trust
221 S. Phillips Ave.
Suite 206
Sioux Falls, SD 57104

PHONE NUMBER

1-800-472-1043

WEBSITE

www.irafinancialtrust.com

E-mail

info@irafinancialtrust.com

SUBMISSION OPTIONS

BY FAX

1-605-415-4296

OVERNIGHT or REGULAR MAIL

IRA Financial Trust
221 S. Phillips Ave.
Suite 206
Sioux Falls, SD 57104

BY E-MAIL

info@irafinancialtrust.com

DO NOT FAX OR MAIL THIS COVER PAGE
INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

1 - IRA ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
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E-MAIL ADDRESS

2 - ADD/REPLACE CREDIT CARD INFORMATION

Please choose whether you wish to add or replace a credit card on file

Add card listed below Replace card on file Please include the last 4 digits if the card being replaced

NAME OF CARDHOLDER (as stated on front of card)	CARD TYPE <input type="radio"/> VISA <input type="radio"/> Mastercard <input type="radio"/> AmEx <input type="radio"/> Discover
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BILLING ADDRESS

CITY	STATE	ZIP
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HOME PHONE	MOBILE PHONE
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CREDIT CARD NUMBER	CVC CODE	EXPIRATION DATE (mm/yyyy) /
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Credit card is held by a third party.

FOR INTERNAL USE ONLY - Approval Code

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3 - UPDATE CREDIT CARD INFORMATION

Name, credit card number and card type required.

NAME OF CARDHOLDER (as stated on front of card)	CARD TYPE <input type="radio"/> VISA <input type="radio"/> Mastercard <input type="radio"/> AmEx <input type="radio"/> Discover
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CREDIT CARD NUMBER	CVC CODE	EXPIRATION DATE (mm/yyyy) /
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Complete only the information you would like to update.

BILLING ADDRESS

CITY	STATE	ZIP
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HOME PHONE	MOBILE PHONE
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4 - AUTHORIZATION FOR RECURRING BILLING

By checking this box, I acknowledge that IRA Financial Trust Company will calculate Annual Maintenance Fees due according to the all inclusive fee schedule and authorize IRA Financial Trust to charge my credit card on file for all current and subsequent annual maintenance/account related fees. This authorization will remain in effect until I notify IRA Financial Trust of its revocation in writing and IRA Financial Trust Company has had sufficient time to act on it.

5 - SIGNATURE

IMPORTANT - Please read before signing: The signature below acknowledges that I have received, read and understand the IRA Financial Trust Custodial Agreement, Disclosure Statement, Fee Schedule and Terms & Conditions.

CARD HOLDER SIGNATURE	DATE	IRA ACCOUNT HOLDER SIGNATURE	DATE