



IRA LLC INVESTMENT AUTHORIZATION Complete Care Checking

This form must be used to authorize the purchase of any investment. Please read the attached instruction sheet on how to complete this form and what documents you will need to submit with this form.

Return by regular or overnight mail: 5024 S. Bur Oak Place, Suite 200, Sioux Falls, SD, 57108
Fax: 605-415-4296 | E-mail: investment@IRAFinancialTrust.com | For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

LAST NAME FIRST NAME MIDDLE INITIAL PHONE NO. ACCOUNT NUMBER

B. INVESTMENT INSTRUCTIONS Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

EXPEDITED SERVICE (1-2 Business Days) - \$75 PREMIUM EXPEDITED SERVICE (24 Hours - If Possible) - \$200

Read the instruction sheet prior to electing any expedite services. In checking either of these boxes, you acknowledge and accept the terms and fees associated with these services.

Change Request: Check this box if this request is a modification of a prior request.

CUSTODIAL USE ONLY

Verified by: _____ On: ____/____/____

LLC Name: _____

Amount to Purchase: (select one) Please note we will retain enough cash to maintain your minimum required balance, and to cover any investment-related fees or any unpaid fees before sending your requested amount. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available.

- Invest exactly \$ _____
- Invest all available cash balance less funds on hold, required minimum balance, fees due and transaction fees
- Optional: Specify amount of cash required in custodial cash account before purchase is made: \$ _____
- Optional: If you wish to retain more than the minimum required balance, specify amount to be retained: \$ _____

When to Purchase: (select one) Purchase one-time only as soon as possible (default) Auto-Purchase Option: From this point forward, please move any available funds in my IRA account to the LLC.

C. DOCUMENT REQUIREMENTS Your request will not be processed if you do not provide the required documents with this form.

- LLC Articles of Organization
- LLC EIN/TIN
- Executed LLC Operating Agreement

D. FUNDING AUTHORIZATION

I hereby authorize IRA Financial Trust to transfer funds to my Complete Care Checking account* in accordance with the INVESTMENT INSTRUCTIONS shown above.
* This account does not offer a checkbook, debit card or online access.

E. ACKNOWLEDGMENT, AUTHORIZATION & PARTICIPANT SIGNATURE

I hereby acknowledge that I am solely responsible for the investment instructions I am making. I hold harmless, protect and indemnify the Custodian and Administrator from and against any and all liabilities, losses, damages, expenses and charges that the Custodian and Administrator may sustain or might sustain resulting directly or indirectly from my investment. I confirm that this purchase does not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling or illegal artifacts. I acknowledge that I am solely responsible for the success or failure of this investment. I acknowledge that if I do not provide a notarized signature, IRA Financial Trust Company may contact me for verbal confirmation of my investment instructions, which may cause delays if I cannot be reached at the phone number provided in Section A of this form or any of my phone number(s) on record. I hereby authorize the purchase of the asset listed above for my IRA Financial Trust Company account.

IRA Owner Signature _____

Date (mm/dd/yy) _____

HOW TO SUBMIT YOUR INVESTMENT INSTRUCTIONS*:

- Fax: 650-415-4296
- Email: investment@IRAFinancialTrust.com
- Regular mail: IRA Financial Trust Company – 5024 S. Bur Oak Place, Suite 200, Sioux Falls, SD, 57108

FOR INITIAL INVESTMENTS:

If this is an initial investment request for an asset that you do not yet hold in your account, please ensure that you send the **INVESTMENT AUTHORIZATION** form with supporting documentation (please see **Section C** below). If supporting documentation is not submitted with the **INVESTMENT AUTHORIZATION** form, your request will not be processed. **Please submit all supporting documents at the same time.**

A. IRA OWNER IDENTIFICATION

Please fill in your full name, phone number and account number (if you already have an account established).

B. INVESTMENT INSTRUCTIONS Not sure how to complete this section? Please call us at 800-472-1043

IMPORTANT: Prior to releasing your funds, we may contact you for verbal confirmation of your investment instructions. In Section A of the form, please ensure that you provide us with a phone number at which you can easily be reached.

Please only send one request as multiple identical requests may cause a delay in fulfilling your request. If you wish to modify your original request, be sure to check the "Change Request" box in Section B of the form. Our turnaround time is 3-5 business days, unless you request expedited service (at an additional cost).

Expedited Service: Check the appropriate box if you would like expedited service. All required documents must be submitted at the same time as the INVESTMENT AUTHORIZATION form. Turn around times for expedited service assumes that your request is complete, approved, and the required funds are available. Refer to the FEE SCHEDULE & FINANCIAL DISCLOSURE for the applicable fees for expedited services.

Change Request: Check the box if you are modifying a request you previously submitted.

Asset Name: Enter the name of the LLC.

Amount to Purchase: You may enter an exact amount or select all available cash. Before sending us your investment request, if requesting an exact amount, please ensure your account is sufficiently funded, or if you are waiting for funds from different sources, choose "Invest all available cash..." and specify the amount of cash required in your custodial cash account before the purchase is to be made.

Note: If you have insufficient cash in your account to cover the exact amount specified on your request, the minimum required balance, applicable investment and/or expedite fees, and any fees due on the account, your investment will not be made.

When to Purchase: Make one selection.

C. DOCUMENT REQUIREMENTS

- LLC ARTICLES OF INCORPORATION
- LLC EIN/TIN
- Executed LLC Operating Agreement

D. FUNDING AUTHORIZATION

Check this box to authorize IRA Financial Trust Company to transfer funds to your Complete Care Checking account in accordance with the INVESTMENT INSTRUCTIONS you provided in Section B.

E. ACKNOWLEDGMENT, AUTHORIZATION & PARTICIPANT SIGNATURE

Please sign the line indicating "IRA Owner Signature", and fill in the date you signed it.