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For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. PARTICIPANT IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE NO.	ACCOUNT NUMBER
_____	_____	_____	_____	_____

B. AUTHORIZATION OF PAYMENT

I authorize IRA Financial Trust Company to withdraw the specified funds from my custodial cash account and send a check for the net amount to the payee indicated below. I acknowledge that this authorization is for payment of expenses related to establishing my Solo 401(k) and that this payment does not constitute a prohibited transaction.

C. PAYEE INFORMATION

Make check payable to: Name: _____

Address: _____ City/State/Zip: _____

Description of Payment: _____

D. PAYMENT AMOUNT

Pay the following net amount to the payee above: \$ _____ Payment will be processed when the account is funded.

E. REMIT PAYMENT

SEND PAYMENT TO: _____ Payee Address above

F. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

I acknowledge that: (1) this expense payment request is provided to the Custodian under the Custodial Agreement between myself and the Custodian to pay for expenses related to establishing my Solo 401(k) account, (2) this payment is authorized under the provisions of the Custodial Agreement and does not constitute a prohibited transaction, (3) the Custodian will execute this request only if there are sufficient cash funds available in my account, (4) the request must be provided, in writing, to the Custodian sufficiently in advance of the payment date so that the Custodian can process it in the normal course of business, (5) without limitation I, indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt date by payee of this payment, and (6) a facsimile or other form of this request may be submitted if acceptable to the Custodian. I further acknowledge that IRA Financial Trust Company may contact me for verbal confirmation of my expense payment 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.

Participant Signature _____

Date (mm/dd/yy) _____

CUSTODIAL USE ONLY

Verified by: _____ On: _____/_____/_____