

## Adding Funds to Your Checkbook IRA

Adding funds to your IRA-owned LLC or Trust is a two-step process:

1. Adding funds to the Self-Directed IRA account through one of four distinct methods:
  - Transfer – Direct transfer from another IRA plan
  - Direct Rollover –rollover from a qualified employer plan such as a 401(k), 403(b) or pension
  - Indirect Rollover (60-day rollover) \*\* – When funds are issued from a prior IRA plan to you in your name and then deposited to the subsequent IRA within 60-days.
  - Contribution – New deposit to the IRA as a tax-year contribution
2. Having the IRA account purchase additional membership interest in the LLC

### IMPORTANT NOTES:

*Under no circumstances should you transfer funds from another retirement plan or as an intended contribution directly to your LLC/Trust bank account from a source other than the IRA account at IRA Services Trust Company. Any other means of adding funds would not be properly reported and could result in adverse tax consequences.*

*If your LLC is a partnership between more than one IRA account, you may not be able to add funds. Contact your Safeguard consultant for assistance.*

*\*\* An indirect rollover must be executed within the 60-day timeframe. If funds are not correctly deposited and reported to the destination IRA within 60-days from initial distribution, the funds will lose their IRA status and be deemed a taxable distribution to you. Please contact your Safeguard consultant for specific instructions on this process.*

### Instructional Conventions

For purposes of simplicity, this document will use the IRA-owned LLC as the “checkbook” entity. The exact same processes apply for a Checkbook IRA Trust.

All processes explained following will refer to the appropriate IRA Services Trust Co. PDF form. In many cases, a DocuSign equivalent process may exist, and will be available on the ISTC Forms page.

### If You Need Help

These funding transactions will be processed by IRA Services Trust Co. and we encourage you to work directly with ISTC for specific questions about their forms, timelines, or to check on the status of a transaction in process.

Safeguard Advisors is familiar with, but not directly involved in this processing. You are welcome to contact your Safeguard consultant for general guidance about the process.

### IRA Services Trust Co.

Phone: 800-248-8447

8:00am – 5:00pm, Monday – Friday, Pacific time

[www.iraservices.com/contact-us](http://www.iraservices.com/contact-us)

## Processing Forms

Several forms are linked from this document. They are also available on the IRA Services web site at:

<https://www.iraservices.com/forms>

From time to time, IRA Services Trust Co. updates forms and that may end up in the form URL being changed. If you experience a broken link in this support article, refer to the above Forms site for the current document.

Delivery instructions are included in the last page footer of all IRA Services Trust Co. forms.

Samples of relevant forms are included at the end of this document.

## STEP 1: Adding Funds to the IRA Account

You can add funds to your Self-Directed IRA account at IRA Services Trust Company through a tax year contribution or via transfer/rollover from another IRA or retirement plan with the same tax treatment as your IRA. If you are unsure of your ability to make a contribution or transfer, you will want to speak with your tax advisor or prior plan administrator.

### OPTION 1: IRA Contribution

You may contribute to your IRA Services Trust Co IRA account per the same IRS rules that apply to any IRA. Rules vary based on the account type, your income, your age, whether you and/or your spouse are covered by an employer plan, etc. Please consult with your tax advisor regarding contribution limits for your specific situation.

1. Send a check accompanied by a [Deposit Information](#) form. Complete the *Cash Contributions* section of the form.
2. Write your IRA account# on the check
3. Send to IRA Services Trust Company via mail or overnight service

Note that you may also [wire](#) funds and complete a DocuSign Deposit Information form if you prefer or want to expedite the funding.

### OPTION 2: Transfer from Another IRA Account

You may initiate a trustee-to-trustee transfer from another IRA account to your self-directed IRA using the following process.

Transfer requests are always initiated from the receiving institution, which in this case is IRA Services Trust Co.

1. Complete an IRA Services [Transfer Authorization](#) form
  2. Send the **signed original** of the form to IRA Services via mail or courier.
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3. Include a recent statement from the IRA account being transferred. Online statements are suitable, but must show the custodian name, your name, and IRA account number

IRA Services will review the materials submitted and then forward the Transfer Authorization to your current IRA custodian for processing.

**Notes:**

- Before completing the Transfer Authorization, contact your current IRA custodian and ask if they require a medallion guarantee. If so, you will need to obtain such a medallion from your local bank and will need to sign in their presence.
- a separate Transfer Authorization form is required for each distinct account number being transferred from.
- Only cash balances can be transferred without special handling. Be sure your source account is in cash (either in full or in the amount you are requesting) before you initiate a transfer request, or the request will be rejected.

### **OPTION 3: Rollover from a 401(k) or Other Qualified Retirement Plan**

You may direct your current retirement plan administrator to issue a rollover distribution to your self-directed IRA using the following process.

- 1) Request a rollover/distribution form from the 401(k) plan administrator.

This distribution type will be a Rollover to an IRA (thus non-taxable).

For the IRA Custodian / Delivery Instructions use the following information:

**Make checks payable to:** IRA Services Trust Company

**Check memo line:** Your name / IRA Services Account#

- 2) Funds Delivery

Typically, a 401(k) administrator will issue the check to IRA Services Trust Co, then mail it to you. In some cases they will mail a check directly to IRA Services Trust Co.

If the 401k administrator will wire funds (rare), that can speed up the process. Refer to the IRA Services Trust Co. [Delivery Instructions](#) form for routing information.

- 3) Deposit Information Form

A [Deposit Notification](#) form needs to accompany any such rollover transaction. You can complete and mail the form with a check if you receive one, or submit the form electronically to ISTC via fax/email/DocuSign if your plan administrator sends the funds to them directly.

IRA Services Trust Co. places a 3-day clearing hold on institutional rollover checks.

## **STEP 2: Moving IRA Funds to the LLC**

The process of having funds transferred to the LLC involves having the self-directed IRA account make an investment in membership interest in the LLC.

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1. Complete an [Investment Authorization](#) form. Note that no “Supporting Documents” are required to make an additional investment into an existing IRA LLC/Trust.
2. Send the completed form to IRA Services Trust Company for processing.

You can send a printed form along with a mailed rollover/contribution check. This form can also be submitted electronically via fax/email/DocuSign.

## Timelines

Overall timelines vary, but you should allow for approximately 3 weeks before funds will be available in the LLC bank account in most cases. If you need quicker turn-around, you will want to select expedited processing on the Transfer Authorization and/or Investment Authorization.

- You can generally expect 7-15 business days for the processing of a Transfer Authorization or rollover from another retirement plan. There is a review of documents performed at IRA Services Trust Company. Approved transfer forms are endorsed and mailed to the source IRA custodian.
- IRA Services Trust Company places a hold on deposits received via check (refer to the Deposit form for details). If your transaction is time sensitive, we recommend using wire transfers when possible.
- Once funds have been added to your IRA account, the processing of an Investment Authorization can take between 3-5 business days.

## Fees

The following fees may apply. Check the current IRA Services Fee Schedule for accurate pricing.

There is no cost through IRA Services Trust Company associated with adding funds to your IRA account via check. There is a \$15 inbound wire fee.

The cost to make a purchase of LLC membership interest is \$40.00. (Purchase of a Type 4 asset per their fee schedule). This includes having a check mailed to you for deposit to the LLC bank account.

If you wish to have the IRA funds wired directly to the LLC bank account, there is an outgoing wire fee of \$25.00.

Note that your IRA account must maintain a minimum cash balance of \$500.00. If your account is below this amount, a portion of the transferred/deposited funds will be retained in the cash account to restore this balance to \$500.00. Fees for the processing will also be deducted prior to funds being issued to the LLC account.

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If you are depositing cash, including for bill pay, or rolling over assets to IRA Services Trust Company, please complete and submit this form. Please make checks payable to "IRA Services Trust Company FBO Client Name" and reference the account number on the memo line. If it is a rollover check and the check is made out to your name, please deposit it into your bank account and write a check payable to "IRA Services Trust Company FBO Client Name" drawn against your bank account. If you are wiring funds, our wiring instructions form can be found under DELIVERY INFORMATION. Submit this form to us the same day that your wire is sent. Sending an ACH or direct deposit? Do not complete this form; please complete our DIRECT DEPOSIT (ACH) NOTIFICATION form. For bill pay, please refer to DELIVERY INFORMATION form.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:  <input type="checkbox"/> Email  <input checked="" type="checkbox"/> Primary Phone	First Name* JOHN	Middle Name Q	Last Name* PUBLIC
	Account Number* IRA123456	Social Security Number* (last 4 digits) 7890	Date of Birth* (MM/DD/YYYY) 06/01/1690
	Phone* XXX-XXX-XXXX (303) 123-4567	Email (Your personal email only) JOHN@JQP.COM	

## 2. DEPOSIT INFORMATION (please complete this section to characterize the deposit you are making)

<b>1. Transfer from another IRA</b>	<b>Do not use this form. Please complete a TRANSFER AUTHORIZATION form.</b>		
<b>2. Cash Contributions</b> Complete this section if you are making a contribution to your IRA or 401(K) or if you are making a deposit to maintain your minimum balance requirement. <b>Sample for IRA Contribution</b>	Select one: <input checked="" type="radio"/> Traditional IRA or 401(K) <input type="radio"/> Roth IRA or 401(K) <input type="radio"/> Coverdell ESA <input type="radio"/> SEP <input type="radio"/> SIMPLE (select one) <input type="radio"/> Employer <input type="radio"/> Employee	Cash Contribution for TAX YEAR 2019	Amount \$ 6,000.00
		Cash Contribution for TAX YEAR	Amount
	NOTE: The minimum cash balance must comprise of qualified funds.		
<b>3. Cash Rollover from another IRA</b> Complete this section if you are rolling over cash from another IRA.	Rollover of a distribution from another IRA contributed to your IRA Services account within 60 days of receipt of such funds.		Amount
	You must select one of the following: <input type="radio"/> This is a rollover from a TRAD, SEP or SIMPLE IRA going into my IRA Services TRAD, SEP or SIMPLE IRA <input type="radio"/> This is a rollover from a TRAD, SEP or SIMPLE IRA going into my IRA Services ROTH IRA as a conversion <input type="radio"/> This is a rollover from a ROTH IRA going into my IRA Services ROTH IRA		
<b>4. Cash Rollover from a Qualified Retirement Plan</b> Complete this section if you are rolling over cash from a qualified retirement plan (QRP). <b>Sample for 401(k) Rollover</b>	Rollover of a lump sum distribution or plan termination distribution paid to you within one taxable year from a qualified employee benefit plan or annuity, contributed to your IRA Services account within 60 days of receipt of such funds.		Amount \$ 100,000.00
	Plan Type/Name (i.e. 401K, 403b, 457b, etc.) ACME Enterprises, Inc. 401(k) Plan		
	You must select one of the following: <input checked="" type="radio"/> This is a rollover from a qualified retirement plan going into my IRA Services TRAD, SEP, or SIMPLE IRA, solo 401K <input type="radio"/> This is a rollover from a qualified retirement plan going into my IRA Services ROTH IRA as a conversion <input type="radio"/> This is a rollover from a ROTH 401K (or similar plan) going into my IRA Services ROTH IRA, Roth solo 401K		
<b>5. In-Kind Rollover Contribution of an Investment Asset from a Prior IRA or Qualified Retirement Plan (QRP)</b> If this section is completed, please return this form by fax to (650) 745-2907 or email it to transfers-in@IRAServices.com.	Asset Name	Value	
	Name of QRP/Prior Custodian		
	REQUIREMENT: Please attach a statement from the QRP/Prior Custodian listing the asset(s) you wish to rollover. If there is no statement available, please provide a letter signed by the trustee of the QRP/Prior Custodian confirming the assets were held in the QRP. You may only contribute asset(s) in-kind if you are rolling it over from a prior IRA or QRP within 60 days of distribution from said IRA or plan. ROLLING OVER MULTIPLE ASSETS? Please attach a separate page listing the assets and their corresponding values, and write "SEE ATTACHED" at the top of this form.		



Contact Center: (800) 248-8447 | www.IRAServices.com

**A transfer occurs when you authorize your current IRA custodian/trustee to transfer assets from your existing account to your IRA Services Trust Company account. You may only transfer cash and acceptable assets to your IRA Services Trust Company account. Therefore, any non-acceptable assets at your existing custodian/trustee must be liquidated and delivered in cash.**

**This form authorizes a direct transfer of cash from your current custodian/trustee to IRA Services Trust Company for deposit into your IRA Services account.**

**DO NOT COMPLETE THIS FORM IF:** You are intending to transfer a 401k, 457, 403b, governmental or other tax-exempt employer/organization retirement plan (i.e. Profit Sharing Plans, Defined Benefit Plans, etc.) Movement of cash from these types of plans cannot be processed as a *TRANSFER*. You **MUST** contact your Plan Administrator to initiate a *ROLLOVER* of these types of plans.

**Once the form is completed, you must mail the original form with your original ink signature to IRA Services Trust Company:**

<b>Regular mail</b>	<b>Overnight mail</b>
IRA Services	IRA Services
PO Box 7080	1160 Industrial Road, Unit 1
San Carlos, CA 94070-7080	San Carlos, CA 94070-4128

**You must also submit your most recent account statement\* from the financial institution from which you are transferring an account.**

\*Account statement must show: financial institution name, recent date (within 6 months), account registration (full name), account type, account number, cash value, and if transferring assets in-kind: asset description(s) and value(s).

*Note: Online print-outs of your account summary may not have all the information we need to verify; please obtain the most recent financial statement. Please contact your Custodian if you are not sure how to obtain your financial statement. If your Custodian does not provide financial statements, please provide an account verification letter signed by your Custodian on their letterhead. The letter must be recently dated and must include: your name, account number, account type, cash amount to be transferred and/or list of asset(s) (and their values) to be transferred.*

*If you need assistance with completing this form or have any questions regarding these instructions, please call us at 1-800-248-8447.*

## 1. PERSONAL INFORMATION

Please fill in your personal information. Please include your social security number; if there is no social security number provided, we will not establish your account. Please also provide a valid email address, as we will be contacting you by email regarding your account.

## 2. ACCOUNT TO TRANSFER

This section is for information regarding the account from which you are transferring.

<b>Account Type:</b>	Select the type of IRA account you have at the financial institution currently holding the IRA you wish to transfer. Please note we cannot transfer 401k, 457, 403b and other such qualified retirement plans (profit sharing plans, defined benefit plans, etc). Your request will be rejected if you indicate this type of plan under "Other". You must contact your Plan Administrator to initiate a Rollover of these types of plans. Check the box on the form if the account being transferred is an Inherited IRA.
<b>Account No.:</b>	Your account number at the financial institution currently holding the IRA you wish to transfer. Only one account number allowed for each form. If you are transferring multiple accounts, please complete a separate form for each account, and submit the most recent statement for each account.
<b>Custodian Name:</b>	The name of the financial institution currently holding the IRA you wish to transfer. Only one Custodian per form.
<b>Custodian Address:</b>	The address of the financial institution named above where IRA Services is to forward your transfer request to. Please call your financial institution for this information if you are not sure of the address.
<b>Contact Name, Phone and Fax:</b>	The name of your representative (if you have one) at the above named financial institution, the phone number (required) and the fax number (optional) of the financial institution's Transfers Department.

**Expedited Processing and Overnight Delivery\*:** You may request expedited processing of your Transfer Authorization at an additional cost. Regular processing time to forward your request to your financial institution is 2-3 business days. You may also request that your form be sent by Overnight Delivery via FedEx. Your IRA Services account will be charged our overnight delivery fee plus the shipping cost. If you provide a FedEx/UPS account number, we will charge the shipping cost to that account number, and will only charge our overnight delivery fee to your IRA Services account. Please see our *FEE SCHEDULE & FINANCIAL DISCLOSURE* for all related additional costs.

\*Please ensure you provide the Overnight Delivery address of your financial institution under "Custodian Address" or processing delays may occur. Default delivery method is USPS Priority Mail (2-3 business days) if Overnight Delivery is not chosen.

*Note: Expedited processing is applicable only to IRA Services Trust's end of the transfer process; you are responsible for contacting your Custodian if you require expedited processing on their end as well.*

## 3. CASH TO TRANSFER

If you are a first-time investor with IRA Services, it is recommended that you transfer at least \$700 more than your intended investment amount so there are sufficient funds to cover the amount of your investment, any fees due, the investment transaction fees and the \$500 minimum balance requirement. Your investment request will not go out if you have insufficient funds in your account to cover fees and our minimum balance requirement.



## To transfer cash:

You MUST provide your financial institution with **liquidation instructions** prior to submitting this request to IRA Services Trust Company or delays will occur. All assets must be in a cash position ready to transfer. If you wish to transfer cash, select one of the following options:

- Transfer ALL available cash – Choose this option to transfer all available cash from your account. Indicate whether the cash transfer is a “full” or “partial” transfer. Also indicate if the account should or should not be closed after your financial institution completes the transfer.
- Transfer EXACTLY – Choose this option to transfer an exact amount. Remember to transfer enough for our fees and our minimum cash balance.

## 4. DELIVERY INSTRUCTIONS FOR CUSTODIAN (If you do not choose an option, your financial institution will choose for you.)

<b>Mail:</b>	Select this option if you would like your financial institution to send IRA Services Trust Company a check* and/or in-kind transfer documents by mail.
<b>Wire:</b>	Select this option if you would like your financial institution to wire to IRA Services your funds. Please be advised that we charge an incoming wire fee per wire. Please see our <i>FEE SCHEDULE &amp; FINANCIAL DISCLOSURE</i> . We do not accept cash transfers by ACH/ Direct Deposit.

\*IRA Services Trust Company has a check hold policy. Checks received from your financial institution will be posted to your account one business day after it is received, however the funds will be held for a maximum of 3 business days prior to becoming available. Please note that this hold period is subject to change without notice. If you are having funds wired, this policy does not apply; your funds will be available the day they post to your account.

## 5. PARTICIPANT AUTHORIZATION

Please sign the line indicating “Participant Signature”, and fill in the date you signed it.

## 6. IRA SERVICES TRUST COMPANY’S LETTER OF ACCEPTANCE

This section is for IRA Services to complete. Do not complete this section.

Have you attached an account statement?

***Failure to submit a statement with your transfer authorization form will result in delays with processing your request.***

**Please attach all pages of our most recent account statement\* from the financial institution from which you are transferring.**

**\*Account statement must provide:** financial institution name, recent date (within 6 months), account registration (full name), account type, account number, cash value, and if transferring assets in-kind: asset description(s) and value(s).

*Note: Online print-outs of your account summary may not have all the information we need to verify; please obtain the most recent financial statement. Please contact your Custodian if you are not sure how to obtain your financial statement. If your Custodian does not provide financial statements, please provide an account verification letter signed by your Custodian on their letterhead. The letter must be recently dated and include: your name, account number, account type, cash amount to be transferred list of asset(s), and their values to be transferred.*





**DO NOT use this form if: You are intending to rollover a 401k, 457, 403b, governmental or other tax-exempt employer/organization retirement plan (i.e. Profit Sharing Plans, Defined Benefit Plans, etc.) Movement of assets from these types of plans cannot be processed as a TRANSFER. You MUST contact your Plan Administrator to initiate a ROLLOVER of these types of plans. You must also attach all pages of a recent account statement..**

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

- Email  
 Primary Phone

First Name* JOHN	Middle Name Q	Last Name* PUBLIC
Account Number IRA123456	Social Security Number* 7890	Date of Birth* (MM/DD/YYYY) 06/01/1960
Phone* XXX-XXX-XXXX (303) 123-4567	Email (Your personal email only) JOHN@JQP.COM	

## 2. ACCOUNT TO TRANSFER

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

- Check this box if you would like your request EXPEDITED  
 Check this box if you would like IRA Services Trust to forward this request to your Custodian by OVERNIGHT DELIVERY\*\*

\*\*Charge cost to FedEx

Account #: \_\_\_\_\_  
If no account # is provided, it will be charged to your IRA Account.

IRA Services Trust Company Account Type (select one below):

- Check this box if this is an inherited account

<input checked="" type="radio"/> Traditional IRA	<input type="radio"/> Roth IRA	<input type="radio"/> SEP IRA
<input type="radio"/> SIMPLE IRA	<input type="radio"/> Coverdell Education Savings Account	<input type="radio"/> Other*: _____

Delivery Custodian Account Type (select one below):

- Check this box if this is an inherited account

You MUST submit a copy of your most recent statement from the Custodian you list below. We will NOT process your request without it.

<input checked="" type="radio"/> Traditional IRA	<input type="radio"/> Roth IRA	<input type="radio"/> SEP IRA
<input type="radio"/> SIMPLE IRA	<input type="radio"/> Coverdell Education Savings Account	<input type="radio"/> Other*: _____

**\* You may not TRANSFER a 401k, 457, 403b, profit sharing plan, defined benefit plan, Keogh, or other similar qualified retirement plan. Please read the Instruction Sheet for more information or call (800) 248-8447 for assistance.**

Account Number (one per form) ABC00123	Custodian Name CURRENT IRA CUSTODIAN		
Custodian Address PO BOX 1234			
City ANYTOWN	State/Province CO	Zip/Postal Code 80001	
Contact Name or Attention To (optional)	Contact Phone XXX-XXX-XXXX (800) 123-4567	Contact Fax (optional)	

## 3. CASH TO TRANSFER

If you are transferring CASH, you MUST provide your financial institution with appropriate LIQUIDATION INSTRUCTIONS prior to submitting this form to IRA Services unless your custodian will liquidate upon receipt of our request.

<input checked="" type="radio"/> Transfer ALL available cash*	SELECT ONE: This is a...
<input type="radio"/> Transfer EXACTLY*: \$ _____	<input checked="" type="radio"/> Full Transfer (This will close my account) <input type="radio"/> Partial Transfer (This account will remain open)
*By selecting this option, I confirm that I have provided my financial institution with liquidation instructions prior to submitting this form to IRA Services.	

**Complete Section 3 as appropriate to your goal. Above shows sweep all cash and close current account.**

#### 4. DELIVERY INSTRUCTIONS FOR CUSTODIAN

Please choose from the options below on how you would like your Custodian to deliver your cash/assets to IRA Services. If no option is selected, your Custodian will choose for you.

<input type="radio"/> <b>Mail</b> (For checks & in-kind documents)	Send checks and "in-kind" transfer documents (if applicable) to: IRA Services PO Box 7080 San Carlos, CA 94070-7080 Make checks payable to "IRA Services Trust Company CFBO <Participant Name> <IRA Services Account Number>"	For overnight deliveries: IRA Services 1160 Industrial Road, Unit 1 San Carlos CA 94070-4128
<input checked="" type="radio"/> <b>Wire</b> (Incoming Wire Fee applies) <u>Do not send cash via ACH</u>	Institution Name: Fremont Bank Beneficiary Acct Name: IRA Services Trust Company Routing Transit No. (ABA): 121107882 Beneficiary Acct No.: 19902328 For Further Credit: "FBO <Participant Name> & <IRA Services Account Number>"	

#### 5. PARTICIPANT AUTHORIZATION

By signing below, you acknowledge that the appointment of IRA Services Trust Company as custodian will become effective upon receipt of the assets from the prior custodian/trustee. You further acknowledge that IRA Services Trust Company assumes no liability for the action or inaction of the prior custodian/trustee as to the proper and timely transfer of funds.

- Direct IRA Services and the delivering firm to act on all instructions given on this form, including transferring assets to IRA Services.
- Authorize the delivering firm to sell any non-transferable money fund shares, and any shares of other mutual funds that you have requested be sold, and transfer the proceeds as cash.
- Accept that IRA Services is not responsible for changes in the value of assets that may occur during the transfer process.
- Affirm that you are aware of any tax or financial implications that may arise in connection with this transfer or with the sale or liquidation of any assets prior to transfer, including penalties, fees, financial losses, or losses of product features or benefits.
- Authorize the delivering firm to contact you about any assets that cannot be transferred.
- Authorize the delivering firm to deduct from your account any fees that you owe, and, if necessary, to sell assets in your account to pay those fees.
- Instruct the delivering firm to transfer any physical certificates in good deliverable form, including any necessary tax waivers.
- Authorize the delivering firm to cancel any open orders on your account when it receives this form.

All retirement accounts:

- Affirm, if you are 70½ or older, that this transfer will not violate IRS rules on required minimum distributions.

SIMPLE IRAs

- Accept that the Date of First Participation will be the date that contributions are first deposited to your SIMPLE IRA at IRA Services by your employer, unless you provide a Date of First Participation.

Differences in owner name(s) or account type

- Acknowledge the existence of any differences in the owner name(s) or account type between Section 1 and Section 2.

You acknowledge that IRA Services, Inc. and IRA Services Trust Company and their representatives do not provide tax, legal or investment advice; that the Account is self-directed; and that You assume full responsibility for this transaction. IRA Services, Inc. and IRA Services Trust Company are not responsible for and do not guarantee the products, services or performance of any self-directed investment. You release and agree to indemnify and hold harmless IRA Services, Inc. and IRA Services Trust Company, their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns from liability for any adverse consequences that may result from this transaction.

You certify that the information and instructions provided, and the elections made by and through this IRA Transfer Authorization, are true and correct. IRA Services Trust Company may justifiably rely upon the instructions and elections made herein and is authorized to deposit the funds or securities in the manner provided by this IRA Transfer Authorization.

Participant Signature <input checked="" type="checkbox"/> <i>Sign Here</i>	Date (MM/DD/YYYY) <i>Date</i>
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#### 6. IRASERVICES TRUST COMPANY'S LETTER OF ACCEPTANCE (This section is for IRA Services to complete. NOT to be completed by Participant.)

IRA Services Trust Company accepts its appointment as Custodian. (Tax ID: 26-2627205)



Signature of Agent for IRA Services as Custodian <input checked="" type="checkbox"/>
Date (MM/DD/YYYY)

Please sign and submit additional documents as required.

#### DELIVERY INSTRUCTIONS

**Email**  
transfers-in@IRAServices.com

**Fax**  
(650) 745-2907

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128

Contact Center: (800) 248-8447 | [www.IRAServices.com](http://www.IRAServices.com)

Please only send one request as multiple identical requests may cause a delay in processing your request. If you wish to modify your original request, be sure to check the "Change Request" box in Section 2 of the form. Our turnaround time is 3-5 business days, unless you request expedited service (at an additional cost). If you select expedited service, all required documents must be submitted with the *INVESTMENT AUTHORIZATION* form at the same time. Expedited service does not mean same day service; it may take 1-2 business days provided that your request is complete, reviewed and accepted and the required funds are available.

### How to Submit Your Investment Instructions\*:

Regular mail	Overnight mail
IRA Services PO Box 7080 San Carlos, CA 94070-7080	IRA Services 1160 Industrial Road, Unit 1 San Carlos, CA 94070-4128

\*If the supporting documents (please refer to the *INVESTMENT DOCUMENT REQUIREMENTS* sheet for more information) require original ink signature(s) please **mail** the *INVESTMENT AUTHORIZATION* form with the supporting documents.

### 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 review the attached *INVESTMENT DOCUMENT REQUIREMENTS* sheet). 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.**

If you would like us to pre-review your chosen investment prior to submitting the *INVESTMENT AUTHORIZATION* form, please send your supporting documents to [investments@IRAServices.com](mailto:investments@IRAServices.com), with the subject line "Requesting Pre-Review".

### For Subsequent Investments:

If this is a subsequent investment in an asset that you already hold in your account, you may be required to provide supporting documentation, and documentation required by the entity in which you are investing, along with the *INVESTMENT AUTHORIZATION* form.

## 1. PERSONAL INFORMATION (\*required field)

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

## 2. INVESTMENT INSTRUCTIONS (Not sure how to complete this section? Please call us at 1-800-248-8447.)

*IMPORTANT: Prior to releasing your funds, we may contact you for verbal confirmation of your investment instructions. In Section 1 of the form, please ensure that you provide us with a phone number at which you can easily be reached.*

**Expedited Service:** Check the box if you would like expedited service. All required documents must be submitted at the same time as the *INVESTMENT AUTHORIZATION* form. Expedited service does not mean same day service; it may take 1-2 business days provided that your request is complete, approved, and the required funds are available. Refer to the *FEE SCHEDULE & FINANCIAL DISCLOSURE* for the applicable fee for this service.

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

**Asset Name:** Enter the name of the investment in which you wish to invest (for real property, enter the address or parcel number).

**Asset Type:** Indicate the type of asset it is (i.e. LP, LLC, promissory note, real property, etc).

**Contact Information:** Enter the contact information of the investment sponsor or the entity assisting you with procuring the investment.

**Amount to Purchase:** You may enter an exact amount, select all available cash, or the number of shares to purchase. 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:** We will purchase your investment as soon as possible unless you specify an exact future date.

## 3. DOCUMENT REQUIREMENTS

Please refer to the attached *INVESTMENT DOCUMENT REQUIREMENTS* document. There may be several documents required to complete your investment transaction. Your investment request must contain all of the required documentation in order to be processed.

*IMPORTANT: Please make sure that all supporting documents are completed in full and submitted with this form. Assets must be registered as follows: IRA Services Trust Company, CFBO [Investor Name] [IRA Account No.] (Tax ID: 26-2627205)*

## 4. FUNDING INSTRUCTIONS

There are two funding options:

- Send a wire – Complete the attached *WIRE REQUEST* form with instructions provided by the payee and attach it to the *INVESTMENT AUTHORIZATION* form. A wire fee applies (see our *FEE SCHEDULE & FINANCIAL DISCLOSURE*).
- Send a check – We can send a check by regular mail or overnight mail. Enter the payee's name, address, and other relevant information on the right (note: we will not send checks to a bank address). If you choose overnight mail, an Overnight Delivery Fee applies (see our *FEE SCHEDULE & FINANCIAL DISCLOSURE*). Cost of delivery will be added to the Overnight Delivery Fee unless you provide a FedEx or UPS account number to charge it to.

## 5. ACKNOWLEDGMENT, AUTHORIZATION & PARTICIPANT SIGNATURE

Please sign the line indicating "Participant Signature", and fill in the date you signed it. Have your signature notarized and attach the notarization. If you do not provide a notarization, we may contact you to verbally confirm your investment instructions prior to releasing your funds.



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.

**IMPORTANT:** Asset documents must specify the following registration: "IRA Services Trust Company CFBO: [Investor Name] [IRA Account No.] (Tax ID: 26-2627205)"

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

- Email
- Primary Phone

First Name*	Middle Name	Last Name*
JOHN	Q	PUBLIC
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
IRA123456	7890	06/01/1960
Phone* XXX-XXX-XXXX	Email (Your personal email only)	
(303) 123-4567	JOHN@JQP.COM	

## 2. INVESTMENT INSTRUCTIONS (Prior to releasing your funds we may contact you for verbal confirmation of these instructions.)

- Expedited Service: Check this box if you want this request to be expedited. Please read the attached instruction sheet for information regarding this service. By checking this box you agree to the fees and terms of this expedite service.
- Change Request: Check this box if this request is a modification of an original request.

Asset Name*
ACME INVESTMENT HOLDINGS, LLC
Asset Type*
IRA LLC (or IRA Trust when applicable)

*(e.g. brokerage account, certificate of deposit (CD), hedge fund, IRA LLC, life settlement, LLC/LP, managed futures/foreign currency account, precious metals, private placement, private stock, promissory note (secured or unsecured), publicly-traded security (stock, bond, mutual fund), real property, REIT, tax lien, structured settlement, etc.)*

### Contact Information (all fields must be completed unless otherwise specified)

Name of Investment Sponsor/Managing Entity*	Address*	
JOHN Q. PUBLIC	123 MAIN ST	
	ANYTOWN, CO 80001	
Phone* XXX-XXX-XXXX	Fax Number (optional)	Email*
(303) 123-4567		JOHN@JQP.COM

### 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: \_\_\_\_\_

Total shares/units/interest to purchase: \_\_\_\_\_

Invest exactly: \_\_\_\_\_ Total shares/units/interest to purchase: \_\_\_\_\_

When to Purchase (select one)

Purchase one-time only as soon as possible (default)

Purchase one-time only on or after (MM/DD/YYYY): \_\_\_\_\_

**3. DOCUMENT REQUIREMENTS** (Your request will not be processed if you do not provide the required documents with this form.)

Please refer to the attached *INVESTMENT DOCUMENT REQUIREMENTS* document. There may be several documents required to complete your investment transaction. Your investment request must contain all of the required documentation in order to be processed. Please make sure that all supporting documents are completed in full and submitted at the same time with this form. If this is a subsequent investment in an asset that is already held in your account, you may be required to submit supporting documents. *ASSETS MUST BE REGISTERED AS "IRA SERVICES TRUST COMPANY CFBO [INVESTOR NAME] [ACCOUNT NO.] (TAX ID: 26-2627205)".*

**4. FUNDING INSTRUCTIONS** (Please indicate how funds from your account are to be sent (check or wire) for the purchase of the asset listed above.)

Send a WIRE. I have completed and attached a *WIRE REQUEST* form. I understand that an outgoing wire fee applies.

Send a CHECK using the following service:

Regular Mail

Overnight Mail (via FedEx) (overnight delivery fee + cost applies)

Charge cost of overnight delivery to:

FedEx Account #: \_\_\_\_\_

*If no account # is provided, it will be charged to your IRA account*

Payee Name & Address (must not be a bank address\*)

Payee Name

Address

City/State/Zip

*\*We no longer mail checks to bank addresses.*

**5. ACKNOWLEDGMENT, AUTHORIZATION & PARTICIPANT SIGNATURE**

I hereby acknowledge that I am solely responsible for the investment instructions I am making. You acknowledge that IRA Services, Inc. and IRA Services Trust Company and their representatives do not provide tax, legal or investment advice; that the Account is self-directed; and that you assume full responsibility for this investment. IRA Services, Inc. and IRA Services Trust Company are not responsible for and do not guarantee the products, services or performance of any self-directed investment. You release and agree to indemnify and hold harmless IRA Services, Inc. and IRA Services Trust Company, their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns from liability for any adverse consequences that may result from this investment. 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. By your signature below, you certify that the information and instructions provided, and the elections made by and through this investment instructions, are true and correct. I acknowledge that if I do not provide a notarized signature, IRA Services 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 1 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 Services Trust Company account. 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.

Account Owner's Signature

**x Sign Here**

Date (MM/DD/YYYY)

**Date**

Please sign and submit additional documents as required.

**DELIVERY INSTRUCTIONS**

**Email**  
investments@IRAServices.com

**Fax**  
(650) 745-2929

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128



Complete sections 1, 2 & 3 if you are lending funds to, or buying stock or an interest in, a business entity, LLC, Limited Partnership.  
 Complete sections 1 & 4 if you are lending funds to an Individual.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

- Email  
 Primary Phone

First Name*	Middle Name	Last Name*
JOHN	Q	PUBLIC
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
IRA123456	7890	06/01/1960
Phone* XXX-XXX-XXXX	Email (Your personal email only)	
(303) 123-4567	JOHN@JQP.COM	

## 2. INVESTMENT NAME/DESCRIPTION

Name of company/limited partnership/business entity in which you wish to invest  
 ACME INVESTMENT HOLDINGS, LLC

## 3. QUESTIONNAIRE

1. Do you or any family member own any personal units/shares in the company?  Yes  No

If yes:

How are you related to the family member? (Write "self" if yourself)  What is the percentage of ownership?  %

2. Are you or any family member the main decision-maker or majority owner of the company?  Yes  No

If yes:

How are you related to the family member? (Write "self" if yourself)  
 SELF, LLC MANGER (or 'Self, Trustee' for IRA Trust)

3. Are you or any family member employed by the company?  Yes  No

If yes:

How are you related to the family member? (Write "self" if yourself)  What position is held?

4. Will you or any family member be receiving any personal gain based on your IRA investment in the company?  Yes  No

If yes:

How are you related to the family member? (Write "self" if yourself)  Please explain

5. Additional comments and/or explanations:

#### 4. COMPLETE IF LENDING FUNDS TO AN INDIVIDUAL

1. Name of Borrower:	
2. How are you related to the Borrower?	Please explain

#### 5. SIGNATURE

Participant Signature <i>X Sign Here</i>	Date (MM/DD/YYYY) <i>Date</i>
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Please sign and submit additional documents as required.

#### DELIVERY INSTRUCTIONS

Please include this form with your required Investment documents.

**Email**  
investments@IRAServices.com

**Fax**  
(650) 745-2929

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128





This form is to be attached to the Investment Authorization or Distribution Request form if you are requesting that we wire your funds.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Primary Phone	First Name*	Middle Name	Last Name*
	JOHN	Q	PUBLIC
	Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
	IRA123456	7890	06/01/1960
	Phone* XXX-XXX-XXXX	Email (Your personal email only)	
	(303) 123-4567	JOHN@JQP.COM	

## 2. TRANSACTION TYPE

These wire instructions are for (select one):

<input checked="" type="radio"/> An investment; I am submitting an Investment Authorization with this Wire Request form	<input type="radio"/> A distribution; I am submitting a Distribution Request with this Wire Request form
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## 3. WIRE INSTRUCTIONS (Outgoing wire fee applies)

Please wire my funds to the following bank account (fields marked with an asterisk (\*) are required):

Bank Name*	Enter all information here for the LLC/Trust bank account.		
Bank Address*			
Bank Phone Number*		Attention:	
ABA (wire routing number)*			
Account Name*	LLC or Trust Name		
Account Number*			
For Further Credit Account Name	Only used when a wire intermediary is required (smaller banks)		
For Further Credit Account Number	Only used when a wire intermediary is required (smaller banks)		

## 4. INTERNATIONAL WIRE (Optional: Do not complete this section if you do not intend to send an international wire)

For International Wires: Please provide the international wiring instructions in the area below. All international wires must go through a domestic intermediary bank (please fill in this information in the space indicated below). Outgoing international wire fee applies.

International Bank (fields marked with an asterisk (\*) are required):

Bank Name*	
Bank Address*	
SWIFT Code/IBAN*	
Account Name*	
Account Number*	
For Further Credit Account Name	
For Further Credit Account Number	

Domestic Intermediary Bank (Mandatory) (fields marked with an asterisk (\*) are required):

<b>Bank Name*</b>	
<b>Bank Address*</b>	
<b>Bank Phone Number*</b>	
<b>ABA (wire routing number)*</b>	

## 5. AUTHORIZATION

Participant Signature <i>X Sign Here</i>	Date (MM/DD/YYYY) <i>Date</i>
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Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

Please include this form with your Investment Authorization, Distribution Request or RMD Cash Distribution form.

**For Investment wires:**

**Fax** (650) 745-2929

**Email** [investments@IRAServices.com](mailto:investments@IRAServices.com)

**For Distribution wires:**

**Fax** (650) 745-1403

**Email** [distributions@IRAServices.com](mailto:distributions@IRAServices.com)

**Regular mail**

IRA Services

PO Box 7080

San Carlos, CA 94070-7080

**Overnight mail**

IRA Services

1160 Industrial Road, Unit 1

San Carlos, CA 94070-4128