

Account Number:

1 ACCOUNT OWNER INFORMATION:

Legal Name:	Soc. Sec. Number:
Email Address:	Daytime Phone:

2 PAYMENT INFORMATION:

Name of Investment: _____

Description of Payment: _____

Amount of Payment: \$ _____

3 PAYEE INFORMATION:

Name:	Payee Phone:
Address: _____	

4 DELIVERY INSTRUCTIONS:

<input type="checkbox"/> Send by Check, regular mail (Default)	<input type="checkbox"/> Send to Payee address above (Default)
<input type="checkbox"/> Send by Check, overnight delivery (\$30 Fee)	<input type="checkbox"/> Send to the following address:
<input type="checkbox"/> Send by Wire (\$25 Fee)	Name: _____
Wiring instructions:	Address: _____
Bank Name: _____	_____
ABA/Routing Number: _____	Phone: _____
Account Name: _____	
Account Number: _____	
Account Address: _____	

5 AUTHORIZATION AND ACKNOWLEDGEMENT:

I acknowledge that the investment identified above is held in my Custodial Account in accordance with the Custodial Agreement between me and the Custodian. I further acknowledge and represent that the expense described above is a legitimate expense associated with the investment and I hereby authorize IRA Plus Southwest, in accordance with the provisions of the Custodial Agreement, to send funds specified above to the payee named above as payment for the expense described above. I agree, without limitation, to indemnify, release, defend and hold harmless the Custodian and IRA Plus Southwest for any claims arising out of such payment, including, but not limited to, any liability due to the amount, date of receipt by the payee or timely processing, provided there are sufficient funds in my account and this direction is being provided within a sufficient period of time for the request to be processed in the normal course of business.

Signature: **X** _____ Date: **X** _____