



WIRE REQUEST

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

Return by mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104 | Fax: 605-415-4296 | E-mail: info@IRAFinancialTrust.com
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

FULL NAME	PHONE NO.	ACCOUNT NUMBER
_____	_____	_____

B. TRANSACTION TYPE

These wire instructions are for (select one):

- An investment; I am submitting an Investment Authorization with this Wire Request form
- A distribution; I am submitting a Distribution Request with this Wire Request form

C. WIRE INSTRUCTIONS - DOMESTIC *Outgoing wire fee applies*

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

Bank Name*	
Bank Address*	
Bank Phone Number*	
ABA (wire routing number)*	
Account Name*	
Account Number*	
For Further Credit Account Name	
For Further Credit Account Number	

D. 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):

Bank Name*	
Bank Address*	
Bank Phone Number*	
ABA (wire routing number)*	

E. AUTHORIZATION

IRA Owner Signature

_____/_____/_____
Date