



**Mail to:** The IRA Club  
 333 N Michigan Avenue  
 Suite 2220  
 Chicago, IL 60601  
**Phone:** (312) 795-0988

# INVESTMENT AUTHORIZATION

This form must be used to authorize the purchase of any investment, except where you have provided the product sponsor's investment instruction page(s) and complete investment funding instructions.

## A. PARTICIPANT IDENTIFICATION

NAME/LAST	FIRST	MIDDLE	ACCOUNT NUMBER
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## B. ACKNOWLEDGMENT and AUTHORIZATION

*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 further acknowledge that I am solely responsible for the success or failure of this investment. I hereby authorize the purchase of the asset listed below for my IRA Services account.*

## C. INVESTMENT INSTRUCTIONS

<b>Security Name and Type of Asset</b> <small>(i.e.: Note, LLC, Limited Partnership, private REIT, private common/preferred stock, etc)</small>	<b>Contact Information</b> Sponsor/Managing Partner Name	<b>Amount to Purchase</b> Enter the total dollars or the number of shares/units to purchase. (check one)	<b>When to Purchase (check one)</b>
	Address	<input type="checkbox"/> Dollar amount to Invest: Exactly: \$ _____	<input type="checkbox"/> Purchase as soon as possible (This is the default option)
<b>CUSTODIAL USE ONLY</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	City, State, ZIP	<input type="checkbox"/> All available cash, less minimum cash balance	<input type="checkbox"/> Purchase each month beginning on or after: _____
	Telephone	<input type="checkbox"/> Total Shares/units to purchase: Exactly _____ shares	<input type="checkbox"/> Purchase every three months (quarterly) beginning on or after: _____

## D. SOURCE OF INVESTMENT FUNDS

Please indicate the source of your investment funds:

Custodial Cash Account (\*Minimum amount of cash required before purchasing: \$ \_\_\_\_\_ default is any amount.)

Liquidate the following asset: \_\_\_\_\_ \$ \_\_\_\_\_ or \_\_\_\_\_ Shares/Units

## E. DOCUMENT REQUIREMENTS

There may be several documents required to complete your investment transaction. The investment package you send to us must contain all of the required documentation in order to be processed. Incomplete documentation may result in the inability of the custodian/administrator to complete your request in a timely manner. Please make sure that all forms are completed correctly.  
 Administrator will complete the documentation including registration and tax ID.

**Assets will be registered as follows:**  
 IRA Services Trust Company, Custodian  
 FBO [your name]  
 IRA Account # [your account number]  
 Tax ID: 26-2627205

## F. PAYMENT INSTRUCTIONS

Please indicate how funds from your account are to be sent for purchase of the asset listed above:

<input type="checkbox"/> <b>Send a check</b> using the following service: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Mail (extra fees may apply) Payee Name & Address: Payee Name: _____ Address: _____ City/State/Zip: _____	<input type="checkbox"/> <b>Wire Transfer</b> (extra fees may apply) Wire Instructions: Bank Name: _____ Bank Address: _____ Bank City/St/Zip: _____ Telephone Number: _____ ABA# _____ Account Name: _____ Account# _____ Reference: _____
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## G. SIGNATURE

ACCOUNTHOLDER SIGNATURE	DATE
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