

Authorization Agreement For Direct Withdrawals (From Your Bank Account)

1 Account Information	
Your Name:	Account Number:

2 Bank Information			
Name on Bank Account:		<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Bank Name:	City:	State:	
Routing Number:	Account Number:		

3 Contribution Information		
Contribution Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> One-Time	Recurring Contributions: <input type="checkbox"/> 1 st of the Month <input type="checkbox"/> 15 th of the Month	If the Start and/or End dates are left blank withdrawals will begin upon receiving the completed form and will continue until notified to terminate. Start Date: End Date:
Contribution Amount: \$ _____ *Minimum of \$100 if monthly, \$500 Quarterly/Annually, \$1000 if one-time account set up deposit	I elect to have the total amount distributed into the following contribution types: *SIMPLE/401k Accounts only Employee Contribution: \$ _____ Employer Contribution: \$ _____	
All Contributions are applied to the current year unless we are notified via a separate Deposit Slip		

4 Signature and Acknowledgement	
<p>By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as applicable, "collectively referred to as "5305" or 401K Plan Agreement ("Sponsored Plan") as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the "Documents"), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).</p> <p>I hereby agree to the terms and conditions set forth in this form and acknowledge having established a Self-Directed Account through execution of the Account Application. I understand the rules and conditions applicable to contribute to my account. I assume complete responsibility for 1) determining that I am eligible to contribute to my Account; 2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and 3) the tax consequences of any contribution (including a rollover contribution) and distributions. I have been advised to see a tax advisor due to the important tax consequences of contributing to a self-direct account.</p>	
Print Name: _____	
Your Signature: _____	Date: _____

Corporate Headquarters: New Vision Trust Company, 5015 S. Bur Oak Pl, Suite B, Sioux Falls, SD 57108