



1. PERSONAL INFORMATION (*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*	
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)	
Phone* XXX-XXX-XXXX	Email (Your personal email only)		

2. TYPE OF DISTRIBUTION

I authorize Forge Trust Co. to withdraw the specified funds from my custodial cash account and send a check for the net amount to the payee indicated below. I acknowledge that this authorization is for payment of expenses related to assets held in my IRA account and that this payment does not constitute a prohibited transaction.

3. PAYMENT INFORMATION

A bill or invoice MUST be attached to this form.

Make Check Payable To			
C/O or Attn			
Address			
City	State/Province	Zip/Postal Code	Country
Description of Payment			
Asset Name			

4. AMOUNT AND FREQUENCY OF PAYMENT

Pay the following net amount to the payee above*: \$ _____

5. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

I acknowledge that: (1) this expense payment request is provided to the Custodian under the Custodial Agreement between myself and the Custodian to pay for expenses related to assets held within my IRA account, (2) this payment is authorized under the provisions of the Custodial Agreement and IRS Regulations and does not constitute a prohibited transaction, (3) the Custodian will execute this request only if there are sufficient cash funds available in my account, (4) the request must be provided, in writing, to the Custodian sufficiently in advance of the payment date so that the Custodian can process it in the normal course of business, (5) without limitation I, indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt date by payee of this payment, and (6) a facsimile or other form of this request may be submitted if acceptable to the Custodian. **I further acknowledge that if I do not provide a notarized signature, Forge Trust Co. may contact me for verbal confirmation of my expense payment 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.**

Account Owner's Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
expenses@ForgeTrust.com

Fax
(650) 745-2795

Regular mail
Forge Trust Co.
PO Box 7080
San Carlos, CA 94070-7080

Overnight mail
Forge Trust Co.
1160 Industrial Road, Suite 1
San Carlos, CA 94070-4128