American IRA
Self-Directed IRAs and 401Ks
135 Broad Street, Asheville, NC 28801
Phone: (828) 257-4949, Fax (828)257-4948
Email: allforms@AmericanIRA.com

General Request Form

NEW VISION TRUST COMPANY
Custodian,
A South Dakota Trust Company
401 E. 8th Street, Suite 200 R
Sioux Falls, SD 57103

1 Account Information

Your Name:	Account Number:
Email Address:	Phone Number:

How would you like this transaction processed? ☐ Standard Processing **72hours** ☐ Express Processing **24hours**
($95 Express fee) All documents must be received by noon or processing will be next business day.

2 Request

3 Signature

Please note we will retain enough cash in your Custodial Account to maintain your minimum required balance, and to cover any investment-related fees or any unpaid fees before sending your requested amount. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available.

I hereby acknowledge and confirm that I shall provide the Custodian and/or the Administrator the necessary supporting documentation within sixty (60) days from the funding of this investment from my Custodial Account. Failure to provide supporting documents within the sixty (60) day period may result in a distribution from my account. Such a distribution may result in fees and penalties. I further acknowledge that I am solely responsible for the investment updates I am making. I hold harmless, protect and indemnify the Custodian and/or Administrator from and against any and all liabilities, losses, damages, expenses and charges that the Custodian and/or Administrator arising from and/or related to this investment. **NEITHER NEW VISION TRUST COMPANY, a state-chartered South Dakota Trust Company ("Custodian") nor AMERICAN IRA, LLC, a North Carolina limited liability company ("Administrator") have provided any legal or financial advice related to this or any other transaction(s) of my Custodial Account.** I further acknowledge that I am solely responsible for the success or failure of this investment. I hereby authorized the update of the asset(s) listed above for my Custodial Account.

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 application, "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).

Print Name:_____

Signature: _____ **Date:** _____