

Phone: (828) 257-4949, Fax (828)257-4948

Email: AllForms@AmericanIRA.com

Outgoing Wire/ACH



401 E. 8th Street, Suite 200 R Sioux Falls, SD 57103

1 Account Information			
Your Name:		American IRA Account Number:	
2 Wiring Instructions			
Bank Name		Bank Routing Number	
Bank Address		City/State	
Bank Account Name		Bank Account Number	
Address of Bank Account		City/State	
Further Credit To			
3 ACH			
Bank Routing Number			LIMIT OF \$5,000
Account Name		Account Number	
4 Signature and Acknowledgement			
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-SA, 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: Print Name:			
Your Signature:		Date:	

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