

**\*\* NOTE** you need the SS#, DOB and addresses of your Beneficiaries to complete this form.

*Put the "I" back in your IRA*

# Check Book IRA Application

**800.783.6409 Extension 03 if you have questions**

## Applicant's Personal Information

*All Information is held confidential*

Your Full Name	<input type="text"/>	Phone with Area Code	<input type="text"/>
Street Address	<input type="text"/>	Social Security Number	<input type="text"/>
City, State, & Zip Code	<input type="text"/>	Date of Birth (mm/dd/yy)	<input type="text"/>
Email Address	<input type="text"/>		
Married: Yes <input type="radio"/> No <input type="radio"/>			

Since we will be transferring your accounts from your current custodian(s) we need to know the account types and how many of each you'll be moving. Please tell us below, for example: **"I have two traditional IRA's and one 401K rollover"**

Types & Number of Accounts to be moved.

Please give us a couple of choices for your LLC name. We suggest NOT using your name in any way or using the term IRA or Retirement in the name as it confuses banks. Some suggestions are: Investments, Properties, Strategies, Lending, Leasing, Enterprises, Development, Funding, Holdings. You provide the name of your choice and add one of the above endings like "Acme Funding, LLC"

LLC Name	<input type="text"/>	LLC State	
Second Choice	<input type="text"/>	Oregon: <input type="radio"/>	
Manager(s) of the LLC	<input type="text"/>	Other: <input type="radio"/>	<input type="text"/>

## Names of Primary Beneficiaries

Percentages need to add up to 100%

1. Full Name	<input type="text"/>	Percentage:	<input type="text"/>
Address, City, State & Zip (If same as owner leave blank)	<input type="text"/>	Relationship:	<input type="text"/>
Social Security Number	<input type="text"/>	Date of Birth (mm/dd/yy)	<input type="text"/>
2. Full Name	<input type="text"/>	Percentage:	<input type="text"/>
Address, City, State & Zip (If same as owner leave blank)	<input type="text"/>	Relationship:	<input type="text"/>
Social Security Number	<input type="text"/>	Date of Birth (mm/dd/yy)	<input type="text"/>

You may add additional contingency beneficiaries later.

☐ I authorize and instruct IRA Services to pay Check Book IRA, LLC the amount of \$ \_\_\_\_\_ from my Self Directed IRA.

☐ I authorize \$ \_\_\_\_\_ to be charge to the following credit card.

Credit Card Number:

Expiration Date:

X \_\_\_\_\_

**PRINT & FAX - 866-302-5992**