

Additional Investment/Capital Request

Important Information

This form is to be completed by an Account Owner who wishes to make an additional investment or capital call for an asset currently held by their account. For a new investment please complete a Direction of Investment form.

Processing Options

Select an option below. If no option is selected, Directed IRA will process your request as normal (within 3 business days). I understand that if my account does not have sufficient funds, my transaction may not be processed. Processing cannot begin until all Investment Documents have been received and determined to be in good order.

Next-Day Service (\$150) – Must be received by 4pm MST Same-Day Service (\$250) – Must be received by 10am MST

1. Account Owner Information

First Name: _____ MI: _____ Last Name: _____

Last 4 of SSN: _____ Date of Birth: _____ Phone Number: _____

Directed IRA Account Number: _____ Account Type: _____

2. Payment Description

I authorize Directed IRA to use the specified funds from my custodial account and send a check, wire or ACH for the amount to the payee indicated below. I acknowledge that this authorization is for payment related to the asset held in my Account and that this payment does not constitute a prohibited transaction.

For Asset Name: _____

Payment Purpose: (select one)

Additional Investment Capital Call* Other _____

*A call letter from the asset sponsor requesting additional funds must be attached to this form. Directed IRA reserves the right to request additional supporting documentation for any request.

3. Payment Information

IMPORTANT: You must have sufficient funds available in your Account to cover the payment amount plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your payment request.

Amount to be Paid \$ _____

Payable to: _____ Check Memo or Reference Information: _____

Please select option A or B below:

A. Check

Make Check Payable To: _____

Mail Check To: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Delivery: Regular Mail (7-10 business days) Priority Mail (2-3 business days) (\$15.00) Overnight Mail (\$35.00)

B. Electronic Funds Transfer

Bank Name: _____ Routing Number: _____

Account Holder's Name: _____ Account Number: _____

Reference Number: _____ Funding Deadline: _____

Delivery: Wire ACH


Account Type: Checking Savings

*Routing Number may differ depending on selection

5. Authorization

I authorize Directed IRA to make the payment outlined above. I agree to release, indemnify, defend, and hold Directed IRA harmless for any claims arising out of this payment. This includes, but is not limited to, claims that this payment is not prudent, proper, legal, or diversified. I also understand and agree Directed IRA will not be required to take any action should the investment noted herein become subject to default, or loss due to fraud, insolvency, bankruptcy, or other court order or legal process. This payment is further subject to all terms and conditions of the Account Owner's Custodial Agreement within Directed IRA and all applicable State and Federal laws. I understand the prohibited transaction rules and I attest that this request does not cause a prohibited transaction.

Please note electronic signatures on this form must include the electronic signature Certification page or Certification Stamp. If one is not included, we will not accept this form.

 _____ Date

Account Owner Signature

INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE

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Email Forms to:

Send Mail to:

Phone: (602) 899-9396

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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation