



This form is to be attached to the Investment Authorization or Distribution Request form if you are requesting that we wire your funds.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services 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. TRANSACTION TYPE

These wire instructions are for (select one):

An investment; I am submitting an Investment Authorization with this Wire Request form	A distribution; I am submitting a Distribution Request with this Wire Request form
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## 3. WIRE INSTRUCTIONS (Outgoing wire fee applies)

Please wire my funds to the following bank account (fields marked with an asterisk (\*) are required):

Bank Name*			
Bank Address*			
Bank Phone Number*		Attention:	
ABA (wire routing number)*			
Account Name*			
Account Number*			
For Further Credit Account Name			
For Further Credit Account Number			

## 4. INTERNATIONAL WIRE (Optional: Do not complete this section if you do not intend to send an international wire)

For International Wires: Please provide the international wiring instructions in the area below. All international wires must go through a domestic intermediary bank (please fill in this information in the space indicated below). Outgoing international wire fee applies.

International Bank (fields marked with an asterisk (\*) are required):

Bank Name*			
Bank Address*			
SWIFT Code/IBAN*			
Account Name*			
Account Number*			
For Further Credit Account Name			
For Further Credit Account Number			

Domestic Intermediary Bank (Mandatory) (fields marked with an asterisk (\*) are required):

<b>Bank Name*</b>	
<b>Bank Address*</b>	
<b>Bank Phone Number*</b>	
<b>ABA (wire routing number)*</b>	

## 5. AUTHORIZATION

Participant Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

Please include this form with your Investment Authorization, Distribution Request or RMD Cash Distribution form.

**For Investment wires:**

**Fax** (650) 745-2929

**Email** investments@IRAServices.com

**For Distribution wires:**

**Fax** (650) 745-1403

**Email** distributions@IRAServices.com

**Regular mail**

IRA Services

PO Box 7080

San Carlos, CA 94070-7080

**Overnight mail**

IRA Services

1160 Industrial Road, Unit 1

San Carlos, CA 94070-4128