



# Self Directed IRA

## SERVICES INC

A subsidiary of Horizon Bank

600 Congress Avenue, Suite 400 • Austin, TX 78701  
866.928.9394 • 512.637.5739 • www.SDIRAServices.com

# Online Account Access Request

This form should be completed to request online Account Access, including online statements, by the Accountholder or other authorized individuals (the Representative or Interested Party designated by an Accountholder, or an authorized compliance person of the Representative's broker dealer firm.

Online access enables you to: • View and download account information • Receive online statements

### 1 For Online Access by an Accountholder, the Accountholder should complete and sign below.

Accountholder Name		Account Number	
Social Security Number		Daytime Phone	
Email Address (Required) <b>A valid, unique email address is required. You may not share the same email address if it is used by another accountholder.</b>			
Mailing Address			
City		State	Zip
By signing below, I hereby request online Account Access to my Account(s). I understand that I may revoke this access at any time, and that by revoking, I would also revoke the option to receive Online Statements and may become responsible for the annual Paper Statement Fee.			
Accountholder Signature _____		Date _____	

### 2 For Online Access by other authorized individuals, please complete and sign below.

Requested by:  Account Representative  
*Must be designated by the Accountholder*

Interested Party  
*Must be designated by the Accountholder*

Authorized Compliance Person of Representative's Broker Dealer Firm

Name		Title	
Firm Name		Daytime Phone	
Email Address (Required)			
Mailing Address			
City		State	Zip
By signing below, I certify that I am the Representative, Interested Party or authorized compliance person of Representative's broker dealer firm, and hereby request online Account Access. I understand that Self Directed IRA Services, Inc. reserves the right to withdraw access at any time for any reason, and I will cease using the website immediately if terminated in my capacity.			
Authorized Signature _____		Date _____	

### 3 Send this completed form to us.



Self Directed IRA Services, Inc.  
P.O. Box 685133  
Austin, TX 78768

#### Physical Delivery

Self Directed IRA Services, Inc.  
600 Congress Avenue, Suite 400  
Austin, TX 78701



Fax to 512.495.9554  
Attn: Client Service