



IMPORTANT INFORMATION! READ BEFORE COMPLETION OF THIS FORM

WIRE FEE (\$50.00) - An administrative wire fee is due to GoldStar for each bank wire transfer you request. The fee will be automatically deducted from the cash in your account. Before submitting this form, please confirm with your bank that the wiring instructions you are providing are correct. Wiring instructions may differ from direct deposit (ACH) instructions depending on the bank.

ACCOUNT HOLDER INFORMATION

Name: _____ GoldStar Account #: _____
Physical Address: _____ Daytime Phone #: _____
City: _____ State: _____ Zip Code: _____
Email address: _____

BANK INFORMATION

Bank Name: _____ Bank Account #: _____
Physical Address: _____ Routing (ABA) #: _____
City: _____ State: _____ Zip Code: _____
Name as listed on bank account: _____

Please note: 1) Your bank's **PHYSICAL ADDRESS** is required. We will not accept a P.O. Box.
2) The routing number on your checks may not be the correct routing (ABA) your bank uses for **wires**. Please verify with your bank the correct routing number to use.

INTERMEDIARY BANK INFORMATION (only if applicable)

Some banking institutions (especially credit unions) have an intermediary or secondary bank the wired funds must be sent to before it can be delivered to your bank account. If your bank uses an intermediary bank for wires, please enter the intermediary bank's information below. Please note: The intermediary bank's **PHYSICAL ADDRESS** is required. We will not accept a P.O. Box.

Intermediary Bank Name: _____
Physical Address: _____ Routing (ABA) #: _____
City: _____ State: _____ Zip Code: _____

I(We) certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me(us) is true and accurate. Be advised that intermediary and/or receiving institutions may charge additional fees. GoldStar reserves the right to request additional verification prior to processing a wire transfer request. I(We) further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense from acting upon this request.

X _____
Account Holder Signature Date

X _____
Joint Holder Signature Date

A NOTARY STAMP IS REQUIRED IF FUNDS ARE SENT TO AN ADDRESS OTHER THAN THE ADDRESS OF RECORD.

Place Notary Seal Here

Sworn to and subscribed before me on: _____, 20 ____

Notary Public: _____

My Commission Expires: _____