



PART 1. GOLDSTAR ACCOUNT INFORMATION

Name _____ Account No. _____

PART 2. BANK INFORMATION

Bank Name _____ Bank Phone _____

Bank Address _____

City/State/Zip _____

Name(s) on Bank Account _____

Routing/ABA No. (must be 9 digits in length) _____

Bank Account No. _____ Check here for Savings Account

PART 3. ONE-TIME BANK DRAFT INSTRUCTIONS

Draft Amount: \$ _____

Rollover (By selecting this transaction, I irrevocably designate this contribution as a rollover.) Contribution Year _____

Prior year contribution allowed before tax filing deadline, typically April 15th. If Contribution Year left blank, defaults to current year contribution.

PART 4. RECURRING BANK DRAFT INSTRUCTIONS

Draft Amount: \$ _____

Draft Date: (you may select multiple dates) 1st 17th 20th 26th

If multiple dates are selected, multiple drafts will take place within the same month.

Please allow 1-2 business days for the establishment of the recurring bank draft request. I understand the recurring bank draft for my IRA is a contribution and it will be recorded for the tax year in which it is received.

PART 5. ACKNOWLEDGMENT AND SIGNATURE

One-Time Bank Draft:

I hereby authorize GoldStar Trust Company to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account at the bank named above. I authorize the bank to accept any such debits or credits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request.

Recurring Bank Draft:

I hereby authorize GoldStar Trust Company to initiate debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the bank named above. Such debit entries shall be made on the specific date(s) chosen unless that day falls on a weekend or a holiday. In that case, the draft will occur the business day before the weekend or holiday. For the first day of the new year, the draft will be processed the day after the weekend or holiday so that tax years are correct. I authorize the bank to accept any such debits or credits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

A FEE OF \$50 WILL BE CHARGED FOR INSUFFICIENT FUNDS.

X _____
Signature of Account Holder Date (mm/dd/yyyy)

X _____
Signature of Secondary Account Holder Date (mm/dd/yyyy)