

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, 21 Robert Pitt Drive, Suite 201, Monsey, NY 10952 **Fax:** (845) 947-1212 **Secure Upload:** www.madisontrust.com/uploads

A. ACCOUNT INFORMATION

Account holder name

Account number

B. CREDIT CARD INFORMATION

Please print clearly and provide all information to avoid a processing delay

Note: If credit card payment fails, the fee will be automatically deducted from your account.

Charge my credit card

Card type (check one): VISA Mastercard American Express Discover

Cardholder name (as shown on card)

Home phone

Cell phone

Billing address

City

State

ZIP

Credit card number

Expiration date

C. SIGNATURE

Credit cardholder and account holder must sign and date below.

I wish to pay the account fees indicated above and hereby authorize payment of the account fees to Madison Trust to be charged to the credit card on this form. By signing this form, Account holder hereby accepts and agrees to all the terms and provisions set forth in the IRA Custodial Agreement and Account Disclosure Statement and has read and accepted the terms of the Madison Trust Fee Schedule.

Cardholder signature

Date

Account holder signature

Date

For MTC use only:

Confirmed by

Date & time

DOB & SS confirmed

Scanned