

A separate form must be completed per account.

ACCOUNT HOLDER INFORMATION

Name:	Account Number:				
Account Type:					
<input type="radio"/> Traditional IRA	<input type="radio"/> Roth IRA	<input type="radio"/> SEP IRA	<input type="radio"/> SIMPLE IRA	<input type="radio"/> HSA	<input type="radio"/> ESA

ENROLLMENT INFORMATION

To submit 990-T payments on behalf of the IRA, you must file for an EIN Number. Below please provide the information used to complete the enrollment.

Business Name used to register EIN number:	EIN number registered to the Business Name:
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INVESTMENT AND EXPENSE INFORMATION

Property Address/Asset Description:	Percentage of Ownership (if not specified, 100% will be paid):
Amount to be Paid:	Tax Year:

ADDITIONAL INFORMATION

Every taxpayer for whom we will be submitting 990-T payments is required to:

- Register their own EIN number
- Submit a signed IRS Form 8655 to the IRS
- Submit a signed IRS Form 990-T to the IRS
- Provide authorization to Quest Trust Company to make federal tax payments on behalf of clients prior to submitting the taxpayer's initial payment by providing a copy of the completed 8655 and 990-T
- Provide the business name and EIN number listed on the application

Please read and initial below:

- _____ I understand that it may take five (5) business days to complete the payment via EFTPS due to the IRS Batch Provider Application.
- _____ I understand that QTC **does not** submit the IRS Form 8655 or IRS Form 990-T to the IRS on behalf of the client.
- _____ I have submitted authorization to the IRS via IRS Form 8655 allowing QTC to pay on behalf of my account.

SIGNATURE

I am directing Quest Trust Company, as Custodian, to complete the transaction(s) as specified above. I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken in connection with any payments covered by this Payment Authorization Letter. I assume all responsibility for ensuring that the Custodian is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers). I understand that if this Payment Authorization Letter and any accompanying documentation are not received as required, or, if received, are unclear in the opinion of the Custodian, or if there is insufficient Undirected Cash in my account to fully comply with my instructions to pay the bills and all fees, the Custodian may not process this transaction until proper documentation and/or clarification is received, and the Custodian will have no liability for late fees or loss of income. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Prepared By:

- Account Holder
- Limited Power of Attorney

Signature

Date