

Original Document Release Form

1. CLIENT INFORMATION

Client Name:		Client New Direction Account Number:	
Phone Number:		Email Address:	

2. ORIGINAL DOCUMENTS TO BE RELEASED

List each document being released:	Reason for release:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

3. DELIVERY INFORMATION

Send original documents to:

Full Name: _____

Address: _____	City: _____	State: _____	Zip: _____
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Send original documents via:

FedEx (\$30)
 UPS (Please include label)
 Regular Mail
 Pick Up
 Other _____

If the documents are being picked up, please list the name of the individual authorized to pick up the documents and the date the documents will be picked up.

Name: _____ Date: _____

Transaction Fee: \$95 Payoff

Choose One: <input type="checkbox"/> Your Account <input type="checkbox"/> Credit Card (Visa, MasterCard & Discover cards are accepted)	Credit Card Type: _____ Card Number: _____ Exact Name on Card: _____ Security Code: _____ Exp Date: _____ Billing Address: _____ City: _____ State: _____ Zip: _____ Signature: _____
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4. SIGNATURE:

As the account holder, I authorize the release of the IRA's original documents. I understand and acknowledge the responsibility of these forms.

Signature: _____ Date: _____