

ORIGINAL DOCUMENT RELEASE

TO REQUEST DOCUMENTS FROM NDTCO'S SECURE VAULT

 **New Direction**
TRUST COMPANY
1070 W. Century Drive
Louisville, CO 80027
P: 877-742-1270 | F: 303-665-5962

1. NDTCO ACCOUNT INFORMATION			
Account Holder Name: John Doe		New Direction Account Number: 1000000	
2. ORIGINAL DOCUMENTS TO BE RELEASED			
DOCUMENTS TO RELEASE		REASON FOR RELEASE	
1. Gene Eric promissory note and deed of trust		Note Payoff	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
3. DELIVERY INSTRUCTIONS			
Send Documents Via		Recipient Information	
<input checked="" type="radio"/> Standard Mail	Recipient Name: Gene Eric		Recipient Phone: (Required for Overnight Mail)
<input type="radio"/> Overnight Mail	Address: 123 Main St.		Address Line 2:
<input type="radio"/> Pick Up	City: Anytown	State: CO	ZIP: 00000
<input type="radio"/> Other (Special Instructions)	Name of Authorized Individual: (Pick Up Only)		Pick Up Date: (Pick Up Only)
Special Instructions:			
4. FEE PAYMENT OPTIONS			
Pay transaction fees via:		Credit Card Information (NDTCO accepts Visa, MasterCard, Discover and American Express)	
<input type="radio"/> Credit Card	Card Number:		3-digit Security Code:
<input checked="" type="radio"/> My Account	Exact Name on Card:		Expiration Date:
5. SIGNATURE AND AUTHORIZATION			
As the account holder, I authorize the release of the IRA's original documents. I understand and acknowledge the responsibility of these forms.			
Account Holder Signature:		Date:	