



Outgoing Wiring Instructions Form

Mailing Address:
American IRA, LLC
137 Broad Street
Asheville, NC 28801

Phone:
1-866-7500-IRA(472)
828-257-4949

Fax :
828-257-4948

Website:
www.americanira.com

ACCOUNT HOLDER INFORMATION

1

Account Holder's Name
Account Number
Phone E-mail Address
SSN Birthdate

PLEASE SELECT ACCOUNT TYPE

2

| | | | |
|-----------------|----------------|------------|------|
| Traditional IRA | Health Savings | Roth IRA | |
| ESA | SEP IRA | Simple IRA | 401K |

PLEASE PROVIDE YOUR BANK INFORMATION

3

Bank Name
Bank Routing Number
Bank Address
Account holder name/Name of bank account
Account number
Address of account holder

SIGNATURE

4

PLEASE FAX, EMAIL OR MAIL THIS FORM TO YOUR AMERICAN IRA, LLC OFFICE

Signature Date

PLEASE LIST ANY ADDITIONAL CONTACT INFORMATION WE MAY NEED TO PROCESS THIS REQUEST

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