

## LLC For Self-Directed Retirement Accounts

O Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

ACCOUNT OWNER INFOR	RMATION						
First Name:	M.I.:	Last Na	me:		Account #:		
Address:	Apt/Unit	t/Ste:	City:		State:	Zip:	
Primary Phone:	Type:			Email Address:			
TRADITIONAL, ROTH, SEI	P, SIMPLE	, 401K	INVESTI	MENT LLC			
A Third Party Vendor will establish your IF IRA/401K LLC and provide all supporting						work to file your new	
LLC Setup: \$1,500							
<ul><li>LLC filing with the state</li><li>State filing fees</li></ul>		<ul> <li>1 Year of Registered Agent</li> <li>Specialized Operating Agreement</li> <li>Articles of Organization</li> <li>EIN Letter</li> </ul>					
LLC Set Up Fee:	In:						
LLC Fee Payment Options  Deduct from Account Ch				Payment Method Section)			
Credit Card Payment Meth I have read and understand the LLC setup of consequences that may result from this treexecuting this credit card authorization.	charges. I certify						
Select a Credit Card Type:				Cardholder Name:			
Visa Mastercard	American Expr	ress	Discover				
Card Number:				Expiration Date: (MM/YY) Security Code:			
Billing Address:	Apt/Unit	t/Ste:	City:		State:	Zip:	
Signature of Account Owner:  Account Owner Nar				ne: (Print or Type)  Date: (MM/DD/YYYY)			

1 of 1 (Rev 06.2024) LLC FEE SCHEDULE