Communication Preference Request

Looking for an easier, faster way to submit paperwork? Try the SERVICENOW option at www.StrataTrust.com/Forms
◆E-sign and transmit directly to STRATA ◆ Safely upload supporting documentation ◆ Securely transfer data with SFTP file protocol

Use this form to update STRATA Trust Company ("STRATA") IRA communication preferences.

Communications include periodic account statements, invoices, tax forms notices, and other correspondence issued by STRATA.

- **Account Access Password Recovery:** To change your email address for online account password recovery, please log into your online account and update the email address on the "Edit Profile" screen.
- **Unique Email Address Required:** For security reasons, each accountholder must have a unique email address and cannot share an email address with another accountholder to enroll in Electronic Communications.

Section 1 Account Information (All information must be completed)

Accountholder Name			Account Number
Social Security Number (Last 4 digits only)	Cellular Phone		Birthdate
Address of Record			
City	State	Zip	Email

Section 2 Communication Preference Changes

I hereby request to receive all future communications issued by STRATA in the manner indicated below (leave blank if no change is requested):

☐ **Electronic Communications** (Online and No Charge)
I understand by electing this option I must complete the online self-enrolment for Online Account Access. You will be notified by email when communication has been uploaded to your online account. verify my email address is unique and not shared with any other STRATA accountholders.

☐ I confirm that I agree to the above Electronic Communications statement and verify that my email address is unique and not shared with any other STRATA accountholders.

☐ **Paper Communications** (Annual Fee)
I understand an annual Paper Statement Mailed fee will apply and be billed to my account. All paper communications will be sent by first-class U.S. Mail to your address of record.

☐ I confirm that I agree with the above Paper Communications statement.

Section 3 Terms and Conditions

By signing below, I hereby authorize the communication preference indicate above for my STRATA IRA account(s) and understand that I may change this election at any time.

Authorized Signature _____ Date _____

Printed Name _____

Form Submission Options

- Fax: 512.495.9554
- Email: AccountMaintenance@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco, TX 76712

Client Services 866.928.9394 | AccountMaintenance@StrataTrust.com | Online: www.StrataTrust.com/Service-Request

