

SMS ENROLLMENT FORM
P.O. Box 3587, Albuquerque, NM 87190 • Toll Free: 1-800-529-3951 • Local: 505-514-0539 • Fax: 505-792-6096 • help@IRASTC.com Use this form to enroll in or to opt out of receiving text messages from Specialized Trust Company, please use the form below. Send your completed form to help@IRASTC.com.

PART 1: EXISTING ACCOUNT OWNER INFORMATION	
Name (First, Middle, Last):	
Email Address:	Primary Contact Number:
PART 2: SMS ENROLLMENT/OPT IN	
Mobile Phone Number 1:	<u> </u>
Mobile Phone Number 2:	<u> </u>
Mobile Phone Number 3:	_
☐ Check here to enroll in SMS messaging from Specialized Trust Company	
frequency varies. Message and data rates may apply. Your consent is not a separate of the second sec	n Specialized Trust Company, Reply STOP to opt-out. Reply HELP for help. Message condition of any purchase or an account establishment.
Mobile Phone Number 1:	<u> </u>
Mobile Phone Number 2:	_
Mobile Phone Number 3:	_
Check here to opt-out of SMS messaging from Specialized Trust Company	
PART 4: ACKNOWLEDGEMENTS AND SIGNATURE	(physical signature required - unless submitted through a DocuSign envelope including summary page, for audit purposes no exceptions
	If you choose to DocuSign, we require a copy of the Signature Summary to be pted. By signing this form as the account holder, you authorize Specialized Trust
Account Owner Signature :	
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