

Payment Authorization Letter

1 ACCOUNT HOLDER INFORMATION

Name (Your name as it appears in your plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Account Number
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2 PROPERTY INFORMATION

Property Address/Asset Description	Percentage of Ownership
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3 EXPENSE INFORMATION

TYPE OF EXPENSE			
<input type="checkbox"/> Taxes: Taxing Authority (Indicate below)		<input type="checkbox"/> Insurance: Company (Indicate below)	
<input type="checkbox"/> Homeowner Association Dues: HOA Name (Indicate below)		<input type="checkbox"/> Utilities: Provider (Indicate below)	
<input type="checkbox"/> Utilities: Provider (Indicate below)		<input type="checkbox"/> Mortgage: Lender (Indicate below)	
<input type="checkbox"/> Other: Specify (Indicate below)		Amount to be Paid <input type="checkbox"/> Refer to Invoice	
Frequency of Payments <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually		Payment Beginning Date	Payment End Date

4 FUNDING INSTRUCTIONS Please send the funds via: ☐ WIRE ☐ ACH ☐ CHECK ☐ TO BE PROVIDED

For WIRE/ACH - Please complete the info below		For CHECK - Please complete the info below
Bank Name	ABA Routing Number	Make Check Payable To
Account Holder Name	Account Number	Mail Check To
Address		Address
City, State, Zip		City, State, Zip
For Credit To		Send Check via: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Mail (\$30) <input type="checkbox"/> Certified Check (\$25)

5 SIGNATURE AND ACKNOWLEDGEMENT

I understand that my account is self-directed and that the Administrator serving from time to time (as named in the Custodial Account Agreement or that entity's successor as Administrator) and Custodian named in the disclosure statement received when the account was established will not review the merits, appropriateness and/or suitability of any expense payment in general, or in connection with my account in particular. I acknowledge that Administrator and Custodian do not endorse, approve or recommend any companies, products, services or investments. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the expense payment directive set forth in this Payment Authorization Letter. I understand that the Administrator and Custodian do not determine whether this payment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws. I understand that it is my responsibility to review any expense to ensure compliance with these requirements.

I assume all responsibility in ensuring that Administrator, Office, and/or Custodian is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers). This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator.

Print Name: _____

Signature: _____ **Date:** _____