



EXPENSE PAYMENT REQUEST

Check this box for EXPEDITED PROCESSING (1-2 business days).
Cost of expedited service is \$50. Standard processing is 3-5 business days.

Use this form to pay for investment asset-related expenses such as property tax, property maintenance bills, insurance premiums, LLC setup fees, etc.

Return by mail: 1688 Meridian Avenue, Suite 504, Miami Beach, FL 33139 | E-mail: info@IRAFinancialTrust.com For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ PHONE NO. _____ ACCOUNT NUMBER _____

B. AUTHORIZATION OF PAYMENT

I authorize IRA Financial Trust Company to withdraw the specified funds from my custodial cash account and send a check for the net amount to the payee indicated below. I acknowledge that this authorization is for payment of expenses related to assets held in my IRA account and that this payment does not constitute a prohibited transaction. If sufficient cash is not available in the custodial cash account, please attach a **LIQUIDATION REQUEST** form to authorize IRA Financial Trust Company to liquidate your assets.

C. PAYEE INFORMATION A bill or invoice MUST be attached to this form. If not, the check will be mailed to the Participant.

Make check payable to: Name: _____
Address: _____ City/State/Zip: _____
Description of Payment: _____
Asset Name: _____ APN/Parcel # (Real Estate Only) _____
Documents to be sent with payment: _____

D. AMOUNT AND FREQUENCY OF IRA DISTRIBUTION Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

IMPORTANT: You must have sufficient funds in your IRA custodial cash account to cover the payment amount you indicate below, plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay the disbursement and your bill or invoice may not be paid on time. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us.

Pay the following net amount to the payee above: \$ _____

Frequency (select one): One time only - not for more than 1 year (default) Monthly* Quarterly* Semi-annually* Annually*
*If you select any periodic payment, the amount MUST be the same for each payment

Start my payment(s) on (mm/dd/yy): _____ (Periodic payments will be made on this day each period) Optional End Date on (mm/dd/yy): _____

E. PAYMENT METHOD

SEND PAYMENT TO (select one):

Payee Address above (default) NOTE: All Property Tax payments will be returned to the Participant unless you check this box and provide tax bill to tax authority.

Someone else: Name: _____

Address: _____ City/State/Zip: _____

CHECK VIA REGULAR MAIL (default, disbursement fee applies) unless you check one of the boxes below:

Check via overnight mail (additional overnight delivery fee + cost* applies) * Charge cost to FedEx or UPS (circle one) account #:

Wire, as follows (additional wire fee applies): If no account # is provided, it will be charged to your IRA account.

Institution Name: _____ Routing Transit # (ABA): _____

Bank Address: _____ Bank Phone Number: _____

Beneficiary Account #: _____ Beneficiary Account Name: _____

For Further Credit: _____

F. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

I acknowledge that: (1) this expense payment request is provided to the Custodian under the Custodial Agreement between myself and the Custodian to pay for expenses related to assets held within my IRA account, (2) this payment is authorized under the provisions of the Custodial Agreement and IRS Regulations and does not constitute a prohibited transaction, (3) the Custodian will execute this request only if there are sufficient cash funds available in my account, (4) the request must be provided, in writing, to the Custodian sufficiently in advance of the payment date so that the Custodian can process it in the normal course of business, (5) without limitation I, indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt date by payee of this payment, and (6) a facsimile or other form of this request may be submitted if acceptable to the Custodian. **I further acknowledge that if I do not provide a notarized signature, IRA Financial Trust Company may contact me for verbal confirmation of my expense payment instructions, which may cause delays if I cannot be reached at the phone number provided in Section A of this form or any of my phone number(s) on record.**

IRA Owner Signature _____

Date (mm/dd/yy) _____

CUSTODIAL USE ONLY
Verified by: _____ On: ____/____/____