



# EXPENSE PAYMENT REQUEST

EXPEDITED PROCESSING (1-2 BUSINESS DAYS) - \$75

PREMIUM EXPEDITED PROCESSING (24 HOURS - IF POSSIBLE) - \$200

In selecting expedited processing, you acknowledge and accept the terms and fees associated with these services. Please see our FEE SCHEDULE & FINANCIAL DISCLOSURE for additional costs.

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: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104 | 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: ____/____/____