



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

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

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. TYPE OF DISTRIBUTION

I authorize IRA Services 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 Services Trust Company to liquidate your assets.*

## 3. PAYMENT 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			
C/O or Attn			
Address			
City	State/Province	Zip/Postal Code	Country
Description of Payment			
Asset Name			APN/Parcel # (Property Tax Payments Only)
Documents to be sent with payment:			

## 4. AMOUNT AND FREQUENCY OF PAYMENT

Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

\*If you select any periodic payment, the amount MUST be the same for each payment

\*\*Periodic payments will be made on this day each period

**IMPORTANT:** You must have sufficient funds in your custodial cash account to cover the payment amount, the withholding amount (if you indicate any below), plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If sufficient cash is not available in the custodial cash account, please complete and attach a LIQUIDATION REQUEST form.

Pay the following net amount to the payee above*: \$ _____
Frequency (please select one)
<input type="checkbox"/> One Time Only—not for more than 1 year (default) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly* <input type="checkbox"/> Semi-Annually* <input type="checkbox"/> Annually*
Start my payments on (MM/DD/YYYY)**: _____ Optional End Date (MM/DD/YYYY): _____

## 5. PAYMENT METHOD

Send payment to (select one):

Note: All Property Tax payments will be returned to the Participant unless you provide tax bill to tax authority.

Payee Address above (default)			
Someone else	First Name	Last Name	
Firm			
Address			
City	State/Province	Zip/Postal Code	Country

\*If no account # is provided, it will be charged to your IRA account.

Check via regular mail (default, disbursement fee applies)		
Check via overnight mail (additional delivery fee + cost* applies)	*Charge cost to: FedEx    UPS	Account Number
Wire, as follows (additional wire fee applies)		
Institution Name	Routing Transit # (ABA)	
Bank Address 1	Bank Phone Number	
Bank Address 2		
Beneficiary Account #	Beneficiary Account Name	
For Further Credit		

## 6. 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 Services 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 1 of this form or any of my phone number(s) on record.**

Account Owner's Signature <b>X</b>	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

**Email**  
expenses@IRAServices.com

**Fax**  
(650) 745-2795

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128