



Expense Payment Request, Additional Investment/Capital Request

IMPORTANT INFORMATION

A bill, invoice or additional investment/capital request **MUST** be attached to this form. Directed IRA reserves the right to request additional supporting documentation for any request.

Processing Options

Select an option below. If no option is selected, Directed IRA will process your request as normal (within 3 business days). I understand that if my account does not have sufficient funds, my transaction may not be processed.

- Next-Day Service (\$150) – Must be received by 4pm MST Same-Day Service (\$250) – Must be received by 10am MST

1. Account Owner Information

First Name: _____ MI: _____ Last Name: _____

Last 4 of SSN: _____ Date of Birth: ____/____/____ Phone Number: _____

Directed IRA Account Number: _____ Account Type: _____

2. Payment Description

I authorize Directed IRA to use the specified funds from my custodial account and send a check/wire for the amount to the payee indicated below. I acknowledge that this authorization is for payment related to assets held in my Account and that this payment does not constitute a prohibited transaction.

For Asset Name: _____

Asset Property Address: (If applicable) _____

City: _____ State: _____ Zip: _____

Payment Purpose: (select one)

- Mortgage Earnest Money Property Taxes Insurance HOA Fees Utilities
 Maintenance / Repairs Additional Investment/Capital Call Professional Services Other _____

3. Payment Information (A copy of the bill or Invoice or supporting information **MUST** be included)

IMPORTANT: You must have sufficient funds available in the Custodial Account to cover the payment amount, the withholding amount (if applicable), plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution.

Amount to be Paid \$ _____ Reoccurring Payment paid, "As Invoiced"

Payable to: _____ Check Memo or Reference Information: _____

Please select option A or B below:

- A. Check

Make Check Payable To: _____

Mail Check To: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

B. Wire

Bank Name: _____ Routing Number: _____

Bank Account Name: _____ Account Number: _____

Reference Number: _____ Funding Deadline: ____/____/____

4. Payment Frequency

One-Time Monthly Quarterly Annually As Invoiced **Day of the month to be paid:** _____

Date to begin payment (MM/DD/YY): _____ Date to end payment (MM/DD/YY): _____

**If requesting reoccurring payments with amounts subject to change, check box, Reoccurring Payment paid, "As Invoiced" in section 3 above.*

5. Authorization

I authorize Directed IRA to make the payment outlined above. I agree to release, indemnify, defend, and hold Directed IRA harmless for any claims arising out of this payment. This includes, but is not limited to, claims that this payment is not prudent, proper, legal, or diversified. I also understand and agree Directed IRA will not be required to take any action should the investment noted herein become subject to default, or loss due to fraud, insolvency, bankruptcy, or other court order or legal process. This payment is further subject to all terms and conditions of the Account Owner's Custodial Agreement within Directed IRA and all applicable State and Federal laws. I understand the prohibited transaction rules and I attest that this request does not cause a prohibited transaction.

➤ _____
Account Owner Signature

Date

INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE

Email Forms to:
Clients@directedira.com

Send Mail to:
3033 N. Central Ave. Ste. 415
Phoenix, AZ 85012

Fax:
602-899-9641

Questions?
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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation