



PO Box A3535
Chicago, IL 60690
www.iraclub.org
312-795-0988

EXPENSE PAYMENT REQUEST FOR PROPERTY INSURANCE

Include a scanned copy of the bill or invoice when submitting this form

1. ACCOUNT OWNER INFORMATION

FULL NAME	IRA CLUB ACCOUNT NUMBER
LAST 4 OF SSN	PHONE NUMBER

2. PAYMENT INFORMATION

	IRA ACCOUNT NUMBER	% OWNED	PROPERTY ADDRESS	POLICY #	AMOUNT TO PAY
<i>EX:</i>	<i>9000123</i>	<i>100%</i>	<i>123 GREEN ST.</i>	<i>0111231100</i>	<i>\$508.25</i>
1.					
2.					
3.					
4.					
					TOTAL:

3. FUNDS DELIVERY INSTRUCTIONS

MAIL A CHECK (\$15)

PAYEE NAME	MAILING ADDRESS
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PAY ONLINE (\$15) *only if this feature is available as indicated on the invoice or bill.

4. PROCESSING FEES are deducted from the account automatically. If you wish to put the fees on a credit card, please complete the section below.

CREDIT /DEBIT CARD NUMBER	EXPIRATION & CVV CODE	BILLING ZIP CODE
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5. ACKNOWLEDGEMENTS AND SIGNATURE

SIGNATURE	DATE SIGNED
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