



PO Box A3535
Chicago, IL 60690
Phone: 888-795-7950

Expense Payment Request for Real Estate

Account Owner Information

IRA Account Number: _____

First and Last Name: _____

Last 4 of SSN: _____ Daytime Phone Number: _____

Payment Information

***Please include a scanned copy bill / invoice when submitting this form.**

Asset Reference: _____

(ex: property address)

Amount: \$ _____ Payment Due Date: _____

Purpose of Payment: _____

(ex: "property taxes, insurance, HOA fees, rehab" etc.)

*Please note: IRA Club will maintain a minimum cash balance of \$500 in the account plus any additional fees to process this investment. The payee information and the dollar amount to be paid based on your percentage of ownership. (For example: If your account owns 50% of the property and the bill is for \$1,000.00, you would enter \$500.00)

Funds Delivery Instructions

Mail a Check (\$15) via Regular Mail Overnight (+\$35)

Payee Name: _____

Address: _____

Street

City/State

Zip

Send a Wire Transfer (\$35)

Bank Name: _____ Bank Phone #: _____

Bank Address: _____

Account #: _____ ABA Routing #: _____

Name on Account: _____

Account Holder Address: _____



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Payment Authorization

I agree to release, indemnify, defend, and hold IRA Club and its related employees 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 IRA Club will not be required to take any action should the investment noted herein becomes 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-holder's Custodial Agreement within IRA Club 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.

Signature: _____ **Date:** _____