



Use this form to instruct Equity Trust Company to process a bill pay related to an investment held within your self-directed IRA. Do not use this form for distributions, investment funding or closing costs.

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
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2 PROCESSING PREFERENCE (CHECK ONE OPTION)

<input type="checkbox"/> EXPEDITED PROCESSING SERVICE <i>(See current fee schedule)</i> Expedited processing requests will generally be completed in approximately one business day unless corrections are required. Fax to (440) 366-3756. This option is only available for the first payment.	<input type="checkbox"/> NORMAL PROCESSING SERVICE <i>(See current fee schedule)</i> Normal processing requests will be completed in approximately three (3) business days unless corrections are required.
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PLEASE NOTE: Funds must be available for processing fees. Paper bill pay fee can be avoided by enrolling in electronic bill pay through eVantage (please see your current fee schedule for related fees).

3 PAYMENT INFORMATION

NOTE: In order to have Equity Trust Company handle a recurring payment, all payments must be for the same amount on the same date each month and payable to the same party. Real Estate Tax Bills cannot be placed on a recurring payment.

PAYMENT AMOUNT	ASSET NUMBER
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MEMO/REFERENCE (OPTIONAL)

FREQUENCY
 Monthly Quarterly *(rolling 3 months from Start Date)*

START DATE
 Month/Date/Year

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Note: The Start Date cannot fall on a weekend or holiday.

END DATE OF LAST SCHEDULED PAYMENT (optional)
 Month/Date/Year

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THIS RECURRING PAYMENT WILL: *(Please check if one of these apply)*
 NEW/SET-UP MODIFY/REPLACE AN EXISTING RECURRING PAYMENT STOP AN EXISTING RECURRING PAYMENT

 SEND FUNDS BY CHECK - All Checks will be sent by Regular Mail

MAKE CHECK PAYABLE TO

MAIL CHECK TO

ADDRESS	CITY	STATE	ZIP CODE
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 SEND FUNDS BY ACH

BANK NAME	ABA ROUTING # (9 DIGITS)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
FOR CREDIT TO (NAME ON BANK ACCOUNT)	FOR CREDIT TO ACCOUNT NUMBER (BANK ACCOUNT NUMBER)											
FOR FURTHER CREDIT TO (IF APPLICABLE)	FOR FURTHER CREDIT TO ACCOUNT NUMBER (IF APPLICABLE)											

4 IMPORTANT: Ensure that you read and acknowledge the following disclosure before you sign and date the document

I acknowledge that: (1) this bill pay is provided to the Custodian under the Individual Retirement Custodial Account 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 bill pay 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; (4) the Custodian may require verbal verification from you before processing the bill pay; and (5) the Custodian reserves the right to delay and/or cancel the bill pay if the required verification is not timely received.

I also indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt date by payee of this payment.

ACCOUNT HOLDER SIGNATURE	DATE
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