

## WHEN TO USE THIS FORM

For Unrelated Business Income Tax or Note Origination payment.

## SUBMISSION OPTIONS

**OVERNIGHT:**

Equity Trust Company  
Attn: Innovayte Operations  
1 Equity Way  
Westlake, OH 44145

**REGULAR MAIL:**

Equity Trust Company  
Attn: Innovayte Operations  
P. O. Box 451249  
Westlake, OH 44145

**BY FAX:**

440-365-1447

**BY EMAIL:**

Operations@innovayte.com

## IMPORTANT!

**Please ensure you provide your EIN when requesting a UBIT payment**

## INSTRUCTIONS & GUIDELINES

This Payment Form provides the information necessary to establish a one-time payment. Please ensure Funds are available for the payment.

## CONTACT INFORMATION

**For assistance, please contact a Client Service Specialist:**

**TOLL FREE:**

(877) 819-8918

**E-MAIL:**

Operations@innovayte.com

**1 ACCOUNT INFORMATION**

ACCOUNT REGISTRATION		ACCOUNT TYPE	ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
DESIGNATED REPRESENTATIVE		DESIGNATED REPRESENTATIVE PHONE NUMBER		

**2 PAYMENT INFORMATION**

PAYMENT AMOUNT		DESCRIPTION OF PAYMENT (Note Origination, UBIT Balance Due, UBIT Estimate)		
UBIT PAYMENT (complete the following)	EIN	TAX YEAR		

**3 METHOD OF DISBURSEMENT**

AVAILABLE CASH FUNDS: Funds must be available in order to make a payment.

**NOTE: Federal UBIT payments will be remitted directly to the IRS. No Method of Disbursement below needs to be selected. For State UBIT payment you must provide check or wire payments instructions below..**

<input type="checkbox"/> <b>SEND FUNDS BY CHECK</b>				
MAKE CHECK PAYABLE TO				
MAIL CHECK TO				
ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> <b>SEND FUNDS BY WIRE</b>				
BANK NAME		BANK PHONE NUMBER		
ABA ROUTING # (9 DIGITS)	FOR CREDIT TO		ACCOUNT NUMBER	
FOR FURTHER CREDIT TO		FOR FURTHER CREDIT TO ACCOUNT NUMBER		

**4 SIGN and DATE**
**IMPORTANT: PLEASE ENSURE THAT YOU READ THE FOLLOWING DISCLOSURES BEFORE YOU SIGN AND DATE THE DOCUMENT**

The undersigned acknowledges that this Payment Directive is being provided to the Custodian under the applicable Custodial Agreement and, therefore, the undersigned is subject to, and Custodian is protected by, the provisions set forth in such agreement and the underlying investment direction form relating to the investment to which this Payment Directive pertains (including, without limitations, the indemnity, hold harmless, release and defense provisions contained in such documents), which documents are incorporated herein by reference to the effect that, among other things, the Custodian is not responsible to do or forbear from, any act the direction of which has not been actually received by the Custodian in writing signed by the Account Owner or other proper person (which direction may be by facsimile or other form acceptable to the Custodian and upon which it may rely so long as it believes such direction to be genuine and to be signed or presented by the Account Owner or other proper person) within a sufficient period of time for such direction to be accomplished in accordance with the Custodian's normal business practices (without regard to whether Custodian has undertaken efforts to comply with such directive) and to the extent sufficient funds are available in the Account.

ACCOUNT OWNER'S SIGNATURE	DATE
SIGNATURE OF CUSTODIAN	DATE