

**1 ACCOUNT HOLDER INFORMATION**

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
EMAIL ADDRESS	

**2 DEBT FINANCING INFORMATION**

<b>LIST THE PROPERTY INFORMATION:</b>			
ASSET NUMBER		CONTRACT PRICE OF THE PROPERTY \$	
ADDRESS	CITY	STATE	ZIP CODE
<b>LIST THE LENDER INFORMATION:</b>			
LENDER NAME		LOAN NUMBER	LOAN AMOUNT
ADDRESS	CITY	STATE	ZIP CODE
<b>UNRELATED BUSINESS INCOME TAX</b> Property purchased by your retirement account using debt financing may be subject to Unrelated Business Income Tax. For further information, contact you tax professional or CPA. You may also visit <a href="http://www.IRS.gov">www.IRS.gov</a> for additional information; see Form 990-T instructions.			
<b>RECURRING DEBT PAYMENTS</b> In order to have Equity Trust Company handle a recurring debt payment, all payments must be for the same amount. Real Estate Tax Bills cannot be placed on a recurring payment. Sufficient funds must be in the account in order to make a payment. To set up recurring debt payments, a <i>Bill Pay Direction of Investment Form</i> must be completed.			

**3 REPAYMENT INFORMATION**

<b>FREQUENCY OF PAYMENTS?</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		
TOTAL # OF PAYMENTS		PERIODIC PAYMENT AMOUNT \$
DATE OF FIRST PAYMENT	DATE OF LAST PAYMENT	INTEREST RATE OF THE NOTE %
DOES THIS NOTE HAVE A BALLOON PAYMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>BALLOON PAYMENT INFORMATION (IF APPLICABLE)</b> DATE OF BALLOON PAYMENT	
	BALLOON PAYMENT AMOUNT \$	

**4 DOCUMENTS REQUIRING SIGNATURE**

<input type="checkbox"/> <b>YES</b> , this investment has documents that require signing. A list of documents is attached, <i>please remember to sign and date.</i>	<input type="checkbox"/> <b>NO</b> , this investment does not have any documents that need to be signed.
<b>DOCUMENT PROCESSING FEES</b> The Document Processing Fee is \$5.00	

**5 SIGNATURE**

I understand and acknowledge that all provisions under my executed *Liability Information Form* will apply to the periodic debt payments authorized by me. I further agree to indemnify Equity Trust Company for any and all payments or assessments which may result from holding the Property within my account, and further agree that Equity Trust Company shall be under no obligation whatsoever to extend credit to my account or otherwise disburse payment beyond the cash balance of my account for any payment or assessment related to the Property. I authorize Equity Trust Company to continue making this periodic payment until instructed in writing by me or my authorized representative to stop the periodic payments.

SIGNATURE OF ACCOUNT HOLDER	DATE
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