



PAYMENT AUTHORIZATION DIRECTIVE

Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Participant: Account No.:

Asset Name: Ownership %:

2. PAYMENT DETAILS

PAYMENT TYPE: Property Taxes Insurance Mortgage Utilities Other: _____

PAYMENT FREQUENCY One-time As Invoiced Monthly Annually Other: _____

AMOUNT TO BE PAID: \$ BY CHECK OR WIRE (complete wire form)

CHECK PAYABLE TO:
(Name and Address)

3. SPECIAL INSTRUCTIONS

4. SIGNATURE OF IRA PARTICIPANT

I hereby certify and represent that the above-described asset is held in my self-directed IRA account Administered by RealTrust IRA Alternatives, LLC (Administrator) and that the requested payment is an appropriate expense directly related to a proper purpose with respect to such asset. I direct Administrator to disburse the specified funds from my account to the identified recipients in accordance with the terms hereof. I understand and acknowledge that the requested disbursement will be processed in ordinary course unless an expedited processing service is requested and paid for by me. I understand and acknowledge that it is my responsibility to ensure that sufficient funds are available in my account to meet the subject obligation and that I must deliver this Payment Authorization to Administrator to allow sufficient time for processing and delivery to the payee to occur in a timely manner. I hereby release, indemnify and hold Administrator and Custodian harmless from any and all liability that may arise as a consequence of Administrator carrying-out this directive in accordance with the terms hereof.

PARTICIPANTS SIGNATURE: _____ DATE: _____