



# PAYMENT AUTHORIZATION DIRECTIVE

Real Choice. Real Control. Real Wealth.

## 1. GENERAL INFORMATION

IRA Participant:  Account #:

Asset Name:  Ownership %:

## 2. PAYMENT DETAILS

<b>PAYMENT TYPE:</b>	Property Taxes	<b>PAYMENT FREQUENCY:</b>	One-time
	Insurance		As Invoiced
	Mortgage		Monthly
	Utilities		Annually
	Other: _____		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.

IRA PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_