

Online Expense Payment for Real Estate

PENSCO Trust Company (PENSCO) offers a quick and easy online way to pay expenses related to the real estate held in your retirement account through www.pensco.com. Simply login to your account, select **Submit Documents**, and choose **Submit Expense Payment** as your Category. The following information will be requested:

- The account and investment the expense is related to
- The type of expense (water bill, home repair, etc.)
- The payee information and the dollar amount to be paid based on your percentage of ownership. (For example: If your account owns 50% of the property and the bill is for \$1,000.00, you would enter \$500.00)
- A scanned copy of the bill (*required*)

Once the expense has been paid, you will receive an email confirmation.

Note: At this time we can only pay online expense requests from the Account Owner via check. If your request is to initiate a wire/ACH payment, please complete the attached form and submit it via email to expense@pensco.com, or by fax to 303-614-7032.

REGISTER FOR ONLINE ACCESS

To establish online access for your PENSCO account(s), visit www.pensco.com and click **Client Login** in the top right-hand corner of the window. Once you complete a quick, one-time registration process, you will have immediate online access to your account(s).

Expense Payment Form

Instructions

Use this form when requesting that PENSCO Trust Company (PENSCO) pay a one-time or recurring expense with funds from your PENSCO account. Please include supporting documents (e.g. bill, invoice, etc.) when submitting this form to PENSCO. Requests to send \$5,000.00 or more to the Property Manager of record requires a breakdown of how these funds will be used. PENSCO reserves the right to require supporting documentation for any request.

1. PENSCO ACCOUNT AND INVESTMENT INFORMATION

Account Number

Account Holder (*first, mi, last*)

Primary Phone

Name of Investment¹

Percentage of Ownership

%

¹ i.e., name of asset if LLC, LP or C-Corp, property description of real estate, or borrower's name if a note.

2. PAYMENT INFORMATION

\$

Amount

Memo/Reference (*escrow no., account no., etc.*)

Purpose of Payment (*"tax payment," "insurance payment," "HOA fees", etc.*)

Payee's Name (*to whom you want PENSCO to make the payment*)

c/o (if applicable)

Address (must be a physical address if you want PENSCO to overnight a check and/or any signed documents)

City

State

Zip/Postal Code

Overnight delivery requested (fee applies)

3. REQUEST TO SETUP AUTOMATIC PAYMENT/REMITTANCE (*if applicable*)

Frequency: Monthly Quarterly Annually

Day of the month to be paid: _____ Date to begin payment: _____ Date to end payment: _____

The start date cannot be the 29th, 30th, or 31st of the month.

Please ensure sufficient funds are available on the desired payment date. Payment will not be processed if sufficient funds are not available and will not be processed until the following payment date. Account holder is responsible for monitoring expense payment activity and provide notification if recurring payment needs to be modified. Cancellation of a recurring payment must be submitted in writing. A scheduled remittance cannot be setup for taxes and insurance. Entire section must be completed in order to setup an automatic remittance.

4. CAPITAL IMPROVEMENT INFORMATION

(Complete this section if the payment you are authorizing is for a capital improvement that will increase the value of the asset in your PENSICO account. *This section does not apply to recurring payments.*)

Capital improvement payment represents an increase in value of \$ _____

If the increase in value exceeds \$25,000 or represents an increase in the value to the asset of more than 20%, you must provide supporting documentation regarding the change in value (e.g., market comp., appraisal, etc.)

5. OTHER PAYMENT INSTRUCTIONS (IF REQUESTING ELECTRONIC FUNDS)

(ACH instructions may be different than wire instructions. Please contact your bank to verify.)

Select one method (Please refer to your current *Fee Schedule* for applicable fees.)

Wire **ACH**

Bank name: _____

ABA #/routing #: _____ Bank account #: _____

Other Instructions: _____ Bank phone #: (____) _____ - _____

Overnight signed documents to the payee (fee applies)

6. AUTHORIZATION

I agree to release, indemnify, defend, and hold PENSICO and its related entities (hereafter "PENSICO") harmless for any claims arising out of this payment. This includes, but is not limited to, claims that this payment is not prudent, proper, legal, or diversified. I also understand and agree PENSICO will not be required to take any action should the investment noted herein become subject to default, or loss due to fraud, insolvency, bankruptcy, or other court order or legal process. This payment is further subject to all terms and conditions of the account-holder's Custodial Agreement within PENSICO and all applicable State and Federal laws. I understand the prohibited transaction rules and I attest that this request does not cause a prohibited transaction.

Authorized By: _____
(Printed name of authorizing party)

 _____
Authorized Party Signature (Required) Date

The person signing this form must be an authorized party for the account on file with PENSICO.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Upload forms to:
www.pensico.com/upload

Send mail to:
PENSICO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:
PENSICO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 800-962-4238

Fax to: 303-614-7032