

Expense Payment Form

Use this form when requesting that PENSCO Trust Company [PENSCO] pay an 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 SUBMITTER INFORMATION

FIRM SUBMITTING REQUEST	
SUBMITTER NAME (FIRST, MI, LAST)	SUBMITTER PRIMARY PHONE NO.

2 ACCOUNTS

	ACCOUNT OWNER NAMES (first, mi, last)	ACCOUNT NO.	AMOUNT	MEMO/REFERENCE
1				
2				
3				
4				
Total Amount (add lines 1-4, or total of attached spreadsheet): \$				

3 PAYMENT INFORMATION

- Address listed must be a physical address if you want PENSCO to overnight any checks and/or signed documents.

NAME OF INVESTMENT ¹			
PURPOSE OF PAYMENT ²			
PAYEE NAME (FIRST, MI, LAST) ³			
C/O			
ADDRESS (PRINCIPAL PLACE OF BUSINESS)			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

Overnight delivery requested (fee applies)

1 Name of entity if LLC, LP or C-Corp, the address of real property, or borrower name if for a note.
2 Tax payment, insurance payment, HOA or advisory fees.
3 To whom you want PENSCO to make the payment.



4 REQUEST TO SETUP AUTOMATIC PAYMENT/REMITTANCE (IF APPLICABLE)

- Date of start payment cannot be 29th, 30th, 31st of the month.

Frequency: Monthly Quarterly Annually

DATE OF MONTH TO BE PAID	DATE TO START PAYMENT ¹	DATE TO END PAYMENT
--------------------------	------------------------------------	---------------------

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.

5 CAPITAL IMPROVEMENT INFORMATION

Complete this section if the payment you are authorizing is for the 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.).

6 OTHER PAYMENT INSTRUCTIONS (IF REQUESTING FUNDS ELECTRONICALLY)

- ACH instructions may differ from 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	
BANK ACCOUNT NO.	ABA/ROUTING NO.
PRIMARY PHONE	
OTHER INSTRUCTIONS	

Overnight delivery requested for the documents (fee applies)

7 AUTHORIZATION

I agree to release, indemnify, defend, and hold PENSICO Trust Company (PENSICO) and its related entities harmless for any claims arising out of this/ these payment(s). This includes, but is not limited to, claims that this/these payment(s) is/are not prudent, proper, legal, or diversified. I also understand and agree PENSICO will not be responsible to take any action should the investment noted herein become subject to default, including fraud, insolvency, bankruptcy, or other court order or legal process. These Payment and Funding Instructions are 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.

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

ACCOUNT OWNER/DESIGNATED REPRESENTATIVE SIGNATURE	DATE
PRINTED NAME	

Upload forms to:
www.pensico.com/upload

Fax to: 303-614-7032

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

PENSICO Trust Company performs the duties of an independent custodian of assets for self-directed individual and business retirement accounts and does not provide investment advice, sell investments or offer any tax or legal advice. Clients or potential clients are advised to perform their own due diligence in choosing any investment opportunity as well as selecting any professional to assist them with an investment opportunity. Alternative investments are not FDIC insured and are subject to risk, including loss of principal.

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