

For office use only:
Date: _____

This is a PDF fillable form. To complete the form, click in an area and type.

I. Account holder Information As it appears on your account application.

Legal Name _____ IRA Innovations Account Type and #: _____

I hereby authorize and direct the administrator and/or custodian to PAY the following asset for my account:

Asset property address (*As applicable*): _____

City: _____ State: _____ Zip: _____

Mortgage Earnest money Property taxes Insurance Home owner association Utilities
 Maintenance / repairs Other (Please specify): _____ Percentage of ownership: _____ %

3. Payment Information

Amount to be paid: \$ _____ Wire (\$30 Fee) Check (\$5 Fee) Cashier's check (\$10 Fee)

Check payable to: _____

Address: _____ Hold at IRA Innovations office for pick-up

City: _____ State: _____ Zip: _____

4. Payment Frequency All fees due at time of transaction. If no indication is made, fees will be deducted from your uninvested cash balance if available.

Monthly Quarterly Annually One-Time As Invoiced MASTER

Beginning Date: _____ End Date: _____

5. Transaction Fee

How would you like to pay the transaction fees?

IRA Innovations Account Visa Mastercard Discover American Express Check (*made payable to IRA Innovations*)
(Transaction will not be processed if funds are inadequate.)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Card Identification Number _____
(Amex - ID on card front. All others, last three digits on back of card.)

6. Signature

IRA Innovations, LLC ("Administrator") performs record keeping and administration duties in connection with Account holder's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account holder's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and condition of the Account Application are incorporated herein. I understand that my Account is a self-directed retirement account and that Administrator and Custodian will not review the merits, appropriateness, security and/or suitability of any investment in connection with my Account. I acknowledge that Administrator and Custodian do not endorse, approve, or recommend any companies, products, services, or investments. I acknowledge that I have not requested that Administrator or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that Administrator and Custodian do not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws, including but not limited to whether my investment is a security requiring registration under any Blue Sky Laws or applicable Securities Laws. I understand that it is my sole responsibility to review any investments to ensure compliance with these requirements.

I understand that if the services of Administrator or Custodian were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, or subsidiaries of Administrator or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties, or agreements, made by any such person or entity.

I understand that no person affiliated with Administrator and Custodian, any of its licensees, licensors, or franchisees, has authority to agree to anything different than as set forth herein. I understand that neither Administrator nor Custodian is a fiduciary for my account as such term is defined in the IRC, ERISA, Securities Laws, or any applicable federal, state, or local laws. I agree to release, indemnify, defend, and hold Administrator and Custodian harmless from any claims arising out of my Account including, but not limited to, claims that an investment is not prudent, proper, diversified, properly secured or otherwise in compliance with ERISA, the IRC, Securities Laws, or any other applicable federal, state, or local laws. I also understand and agree that Administrator is not required to take any action should there be any default in connection with my account.

I confirm that the decision to make the payment set forth herein is in accordance with the rules of my Account, and I agree to hold Administrator harmless and without liability. I assume all responsibility in ensuring that Administrator, or Custodian are provided with full payment instructions including, but not limited to, payment amounts, due dates, addresses of payees, and account numbers. This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. Please fax or mail this form to your Administrator's office. NOTE: PAYMENT WILL NOT BE PROCESSED WITHOUT AN INVOICE.

Signature _____ Date: _____
(I have read the disclosure above the signature line before signing and dating and agree with its contents.)