



Use this form to instruct Equity Trust Company to process a bill pay related to an investment held within your self-directed IRA. Do not use this form for distributions, investment funding or closing costs.



1 ACCOUNT HOLDER INFORMATION

ACCOUNT OWNER NAME	ACCOUNT NUMBER
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2 PROCESSING PREFERENCE (CHECK ONE OPTION)

☐ **EXPEDITED PROCESSING SERVICE** (See current fee schedule)

Expedited processing requests will generally be completed in approximately one (1) business day unless corrections are required. Fax to (440) 365-1441 or email to: IRAServices@EquityInstitutional.com (include expedited in the subject line).

☐ **NORMAL PROCESSING SERVICE** (See current fee schedule)

Normal processing requests will be completed in approximately three (3) business days unless corrections are required.

PLEASE NOTE: The Custodian may require verbal verification from you before processing the bill pay. Obtaining such verbal verification may delay the expedited and normal processing times. Funds must be available for processing fees. Paper bill pay fee can be avoided by enrolling in electronic bill pay through myEquity (please see your current fee schedule for related fees).

3 PAYMENT INFORMATION

PAYMENT AMOUNT	ASSET NUMBER (IRN)
MEMO/REFERENCE (OPTIONAL)	DOES THIS PAYMENT INCREASE THE VALUE OF THE ASSET? <input type="checkbox"/> YES <input type="checkbox"/> NO

☒ **SEND FUNDS BY WIRE** (See current fee schedule):

BANK NAME	ABA ROUTING # (9 DIGITS)									
FOR CREDIT TO (ACCOUNT NAME)	ACCOUNT NUMBER									
FOR FURTHER CREDIT TO	BANK PHONE NUMBER									

☒ **SEND FUNDS BY CHECK**

MAKE CHECK PAYABLE TO			
MAIL CHECK TO			
ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> Cashier's Check* (See current fee schedule)	<input type="checkbox"/> Regular Check, By Overnight Mail (See current fee schedule)	<input type="checkbox"/> Regular Check, By Regular Mail	

*Required Overnight Mail (See current fee schedule).

☒ **SEND FUNDS BY ACH**

BANK NAME	ABA ROUTING # (9 DIGITS)									
FOR CREDIT TO (NAME ON BANK ACCOUNT)	FOR CREDIT TO ACCOUNT NUMBER (BANK ACCOUNT NUMBER)									
FOR FURTHER CREDIT TO (IF APPLICABLE)	FOR FURTHER CREDIT TO ACCOUNT NUMBER (IF APPLICABLE)									

4 IMPORTANT: Ensure that you read and acknowledge the following disclosure before you sign and date the document

I acknowledge that: (1) this bill pay is provided to the Custodian under the Individual Retirement Custodial Account Agreement between myself and the Custodian to pay for expenses related to assets held within my IRA account; (2) this payment is authorized under the provisions of the Custodial Agreement and IRS Regulations and does not constitute a prohibited transaction; (3) the bill pay must be provided, in writing, to the Custodian sufficiently in advance of the payment date so that the Custodian can process it in the normal course of business; (4) the Custodian may require verbal verification from you before processing the bill pay; and (5) the Custodian reserves the right to delay and/or cancel the bill pay if the required verification is not timely received.

I also indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt date by payee of this payment.

ACCOUNT OWNER'S SIGNATURE	DATE
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