

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
EMAIL ADDRESS	

2 DEBT FINANCING INFORMATION
LIST THE PROPERTY INFORMATION:

ASSET NUMBER	CONTRACT PRICE OF THE PROPERTY \$		
ADDRESS	CITY	STATE	ZIP CODE

LIST THE LENDER INFORMATION:

LENDER NAME	LOAN NUMBER	LOAN AMOUNT	
ADDRESS	CITY	STATE	ZIP CODE

UNRELATED BUSINESS INCOME TAX Property purchased by your retirement account using debt financing may be subject to Unrelated Business Income Tax. For further information, contact your tax professional or CPA. You may also visit www.irs.gov for additional information; see Form 990-T instructions.

RECURRING DEBT PAYMENTS In order to have Equity Trust Company handle a recurring debt payment, all payments must be for the same amount. Real Estate Tax Bills cannot be placed on a recurring payment. Sufficient funds must be in the account in order to make a payment. To set up recurring debt payments, a *Bill Pay Direction of Investment Form* must be completed.

3 REPAYMENT INFORMATION

FREQUENCY OF PAYMENTS? ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

TOTAL # OF PAYMENTS	PERIODIC PAYMENT AMOUNT \$	
DATE OF FIRST PAYMENT	DATE OF LAST PAYMENT	INTEREST RATE OF THE NOTE %
DOES THIS NOTE HAVE A BALLOON PAYMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes	BALLOON PAYMENT INFORMATION (IF APPLICABLE)	
	DATE OF BALLOON PAYMENT	BALLOON PAYMENT AMOUNT \$

4 DOCUMENTS REQUIRING SIGNATURE

☐ **YES**, this investment has documents that require signing. ☐ **NO**, this investment does not have any documents that need to be signed.
 A list of documents is attached, *please remember to sign and date.*

DOCUMENT PROCESSING FEES Additional fees may apply, see current fee schedule.

5 SIGNATURE

I understand and acknowledge that all provisions under my executed *Liability Information Form* will apply to the periodic debt payments authorized by me. I further agree to indemnify Equity Trust Company for any and all payments or assessments which may result from holding the Property within my account, and further agree that Equity Trust Company shall be under no obligation whatsoever to extend credit to my account or otherwise disburse payment beyond the cash balance of my account for any payment or assessment related to the Property. I authorize Equity Trust Company to continue making this periodic payment until instructed in writing by me or my authorized representative to stop the periodic payments.

SIGNATURE OF ACCOUNT HOLDER	DATE
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