



The IRA Club
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Delivery instructions for this form are at the end of this document

EXPENSE PAYMENT REQUEST

Use this form to pay for investment asset-related expenses.

Section 1. PARTICIPANT IDENTIFICATION

FULL NAME _____ PHONE NO. _____ ACCOUNT NUMBER _____

Section 2. AUTHORIZATION OF PAYMENT

I authorize the Custodian of my IRA Account to withdraw the specified funds from my custodial cash account and to send a check for the requested amount to the payee indicated.

If sufficient cash is not available in your custodial cash account please attach a Liquidation Request form to authorize the custodian to liquidate assets in your account.

Section 3. PAYEE INFORMATION

A bill or invoice MUST be attached to this form. If not, the check will be mailed to the Participant.

Make check payable to: Name: _____

Address: _____ City/State/Zip: _____

Description of Payment _____

Document to be sent with payment: _____

Section 4. AMOUNT AND FREQUENCY OF DISTRIBUTION

Distribute the following net amount to the payee above: \$ _____

Frequency (check one): One time only (default) Semi-annually* Quarterly* Monthly*

**If you select any periodic payment, the amount MUST be the same for each payment*

Start my payment(s) on (mm/dd/yy): ____ / ____ / ____ (Periodic payments will be made on this day each period)

Section 5. PAYMENT METHOD

Send payment to (check one):

Payee Address above (default) **NOTE: All Property Tax payments will be returned to the Participant for submission to the taxing authority.**

Name: _____

Address: _____ City/State/Zip _____

Send payment by (check one):

Check, regular mail (default)

Check, overnight mail (overnight delivery fee + cost* applies)

Charge cost to FedEx or UPS account #: _____ If no account # is provided, it will be charged to your account.

Wire, as follows (wire fee applies):

Institution Name: _____

Routing Transit # (ABA): _____

Bank Address: _____

Beneficiary Account #: _____

Beneficiary Account Name: _____

For Further Credit: _____

Section 6. ACKNOWLEDGMENT OF EXPENSE PAYMENT REQUEST

I acknowledge that: (1) this expense payment request is provided to the Custodian under the Custodial Agreement between myself and the Custodian, (2) this payment is authorized under the provisions of the Custodial Agreement and IRS Regulations, (3) the Custodian will execute this request only if there are sufficient cash funds available in my account, (4) the request 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, (5) without limitation I, indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt date by payee of this payment, and (6) a facsimile or other form of this request may be submitted if acceptable to the Custodian.

Sign
Here

Date

Form delivery instructions

By Mail or Overnight	By E-mail	By Fax
The IRA Club 333 N. Michigan Ave Suite 2220 Chicago, IL 60601	docs@iraclub.org	888-600-6997