

EXPENSE PAYMENT AUTHORIZATION FORM

Use this form to pay for an expense related to an asset held in your account.



1. ACCOUNT OWNER INFORMATION

Account Owner Name	iPlanGroup Account Number
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2. ASSET AND EXPENSE INFORMATION

Asset Reference Number (ARN) or Asset Description	Description of Payment (Mortgage, Utilities, Repairs, Taxes, HOA Fees etc)
Information to be Referenced on Payment (Account Number, Parcel Number, etc.)	

FREQUENCY OF PAYMENT

ONE TIME PAYMENT RECURRING PAYMENT MONTHLY QUARTERLY YEARLY

Date to Send First Payment

3. EXPENSE PAYMENT INSTRUCTIONS

SEND FUNDS BY CHECK: Regular Check Cashier's Check (\$30.00 Fee)

Please Note, Cashier's Checks must be sent via a trackable shipping method, such as Overnight Mail.

DELIVERY METHOD:

Regular Mail Overnight Mail (\$20.00 Fee Plus Cost) Pickup at iPlanGroup Location

Make Check Payable to	Mail Check to	Total Payment Amount		
Address	Suite/APT #	City	State	Zip Code

SEND FUNDS BY WIRE (\$35.00 Fee) SEND FUNDS BY ACH (\$5.00 Fee)

Checking Acct. Savings Acct.

Bank Name	Total Payment Amount		
ABA Routing Number	Account Number	For Credit to (Account Name)	

4. PAYMENT OF INVESTMENT PROCESSING FEES (If applicable)

Please indicate below how you would like to pay for any fees associated with this transaction.

Debit fees from my account Check Enclosed Charge New Credit Card*

*If selecting the Charge Credit Card option, an online payment link will be sent to the E-mail address provided below prior to funding.

E-mail Address: _____

5. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing below, I hereby acknowledge that I have read, understand and agree to the terms and conditions as set forth in the applicable Custodial Agreement Disclosure Statement and New Account Application. Furthermore, I have read the iPlanGroup Fee Schedule and accept the terms and conditions contained therein and (if applicable) I am authorizing IRA Plan Partners, LLC DBA iPlanGroup to charge applicable account fees to the credit card listed on the Credit Card Authorization Form.

Account Owner Authorization and Signature

X	Print Name	Date
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