



Expense Payment Authorization

Instructions

Client Services: (888) 855-9856 • info@trustprovident.com

Please use this form to instruct Provident Trust Group to process an expense payment related to an investment held within your account including:

- Property Taxes
- Property Improvements or Repairs
- Insurance Premiums
- Utility Payment
- HOA Dues
- Non-Recourse Note Payment (for Debt-Financed Property)
- Management Fees

Please submit a separate form for each of these expenses.

Guidelines

- Complete all sections of the form to avoid processing delays.
- Include a copy of the invoice or bill to be paid along with your completed Expense Payment Authorization form.
- If your account only owns a portion of the investment, your account can only pay its portion of the expense.
- Expense payments must be made to an unrelated third party (and not to a disqualified person as defined by Internal Revenue Code Section 4975).
- No portion of the expense payment can be used to reimburse you for any expenses paid out of pocket.
- Please allow about 3 business days for processing.
- Payment by check will be sent first-class U.S. Mail unless otherwise directed.

Mailing & Wire Information

Regular & Overnight Mail

Provident Trust Group, LLC
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Wiring Instructions

Citizens Business Bank
16830 Ventura Blvd., Suite 310
Encino, CA 91436

ABA # 122234149
Acct # 046032314

Please reference "Provident Trust Group" and the Account Owner's Name & Account Number.

Sending A Check?

We utilize a secure lockbox for ALL checks.

Regular Mail:

Provident Trust Group
Attn: Lockbox Department
P.O. Box 4330
Ontario, CA 91761-8330

Overnight Mail:

Provident Trust Group
Attn: Lockbox Department
3833 Ebony St.
Ontario, CA 91761



Need to Contact Us?

Website
trustprovident.com

Email
info@trustprovident.com

Phone
(888) 855 - 9856

Fax
(702) 253 - 7565



Expense Payment Authorization

One-time and Recurring Expenses

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Section 1 Account Owner Information

Title: First Name: M.I.: Last Name:

Email: Last 4 Social Security #: Account #:

Section 2 Processing Options

If you would like expedited processing, please select one of the options below. If no option is selected, "Normal Processing" will apply. Processing fees will be paid by the cash available in your account unless you indicate otherwise.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10am PST.

Normal Processing
Processed within 3 business days.

Next-Day Service (\$50.00)
Processed by 4PM PST next business day.

Same-Day Service (\$100.00)
Processed within the same day.

I elect to have fees pulled from account. I understand that if my account does not have sufficient funds, transaction will not be processed.

I elect to cover the fees related to this Direction of Investment with the credit card listed below.

Section 3 Credit Card Authorization

Card Type: Visa MasterCard Discover American Express Name of Card Holder:

Billing Address: City: State: Zip:

Card Number: Expiration Date: MM YYYY

Your Custodian requires that all Account Owners maintain a valid credit card on file to maintain their account. The Account Owner gives the Custodian the right to charge the Account Owner's card or debit cash from their account if their preferred method of payment fails. Account Owner reserves the right to terminate the deduction at any time but must do so in writing. The Custodian is not liable for Account Owner's failure to notify the Custodian of alternative payment.

Alternatively, if the undersigned has provided credit card information to the Custodian to maintain on file, the undersigned gives the Custodian the right to charge the undersigned's card or debit cash from their account if the Account Owner's preferred method of payment fails.

Card Holder's Signature

Section 4

Expense Information– Describe your expense.

Please note that if there are insufficient funds in your account when the expense must be paid, Provident Trust Group will not be able to process your request.

Expense

Please note that you must enclose a copy of the invoice with this form. If your account only owns a portion of the asset, it may only pay for its proportionate share of the expense.

<input type="checkbox"/> Property Taxes	<input type="checkbox"/> Property Improvements/Repairs	<input type="checkbox"/> Insurance Premium	<input type="checkbox"/> Utility Payment	<input type="checkbox"/> HOA Dues
<input type="checkbox"/> Management Fee	<input type="checkbox"/> Non-Recourse Payment <small>(Debt-Financed Real Estate only)</small>	<input type="checkbox"/> Other: <input type="text"/>		

Expense Information

Payee Name:

Memo/Reference:

Asset Incurring the Expense:

Section 5

Expense Frequency– How often do you want it paid?

Please select Option A or B.

<input type="checkbox"/> Option A: One-Time Expense
Amount: <input type="text"/> or <input type="checkbox"/> Pay amount on invoice
<input type="checkbox"/> Option B: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Start Date: <input type="text"/> End Date: <input type="text"/> <input type="checkbox"/> If no end date, please check here
Process payments on: <input type="text"/> <input type="checkbox"/> 1st or <input type="checkbox"/> 15th Amount: <input type="text"/> or <input type="checkbox"/> Pay amount on invoice
<small>Month</small>

Please note that recurring expense payments must be for the same amount to be sent out on the same day of each month to the same payee.

Please remember that you must notify us if the payment needs to be changed or canceled.

Section 6

Distribution Processing- How would you categorize your request?

<input type="checkbox"/> New/Additional Setup	<input type="checkbox"/> Modify/Replaces Existing Payment	<input type="checkbox"/> Stop/Cancel Existing Payment
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Section 7

Funding & Instruction— How would you like your expense paid?

All accounts are required to maintain a minimum balance of \$500.00. If your request would drop your balance below this amount, your request may not be processed.

Option 1: Mail a check to the following payee:

Payee Name:

Payee Tax ID #:

Address:

City, State, Zip:

Check Delivery Options:

Regular Mail

Priority Mail (+\$15.00)

Overnight Mail (+\$35.00)

Option 2: Wire or ACH funds directly to a payee's bank:

If the ABA provided is not for a wire account, funds will be sent as an ACH.

Bank Name:

I have attached separate wiring information.

Payee Name: *(On Bank Account)*

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Account #:

Routing (ABA) #:

Transaction Fees

Distribution to Account Owner—Check.....	\$35
Distribution to Account Owner—Wire.....	\$50
Wire Transfer Out.....	\$50
Check Transfer Out.....	\$35
Check to Maintain Current Investment.....	\$10

Check Purchase New Investment.....	\$10
Wire to Maintain Current Investment.....	\$35
Wire Purchase New Investment.....	\$35
International Wire.....	\$50
Recurring Check Distribution <i>(Monthly or Quarterly)</i>	\$10
Recurring ACH Distribution <i>(Monthly or Quarterly)</i>	\$15

Section 8

Account Owner Agreement and Authorization

My account is self-directed and I, alone, am responsible for the selection, due diligence, management, review, and retention of all investments in my account. I agree that the Custodian and Administrator are not a "fiduciary" for my account, as the term is defined in the Internal Revenue Code, ERISA, or any other applicable federal, state or local laws. I acknowledge and confirm that I have received, read, and understand each of the disclosures for my account(s) and direction(s) of investment, and consent and agree to the terms and conditions contained therein. I direct Provident Trust Group to execute the payment of the above-referenced expense ("Expense") for the benefit of my account. In directing the Expense payment, I acknowledge and represent that the Expense was incurred by my account that the account is only paying its portion of the expense. Any person/entity that has provided services relating to the Expense is an unrelated third-party and not a disqualified person as defined by Internal Revenue Code Section 4975. I further acknowledge that no portion of the Expense payment will be used to reimburse me for any expenses paid out of pocket. I agree to hold Provident Trust Group harmless from any liability for any loss, damage, injury or expense which may occur as a result of the execution of this Expense Payment Direction. I understand that Provident Trust Group will have a reasonable amount of time to complete my instructions. I understand that I am required to maintain a minimum balance of \$500.00 in my Provident account. I further understand that if my request would cause my account to drop below this required minimum balance, the request may not be processed.

Account Owner Signature:

Account Owner Name: *(Please Type or Print)*

Date: