

Expense Payment Authorization Instructions

This form instructs STRATA Trust Company ("STRATA") to process an expense payment related to an investment held within your self-directed IRA account, including:

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

Form Submission Instructions:

STRATA offers two convenient options for transmitting your requests:

Option 1: **SERVICENOW**, e-sign and submit forms securely to STRATA. Use this option for faster form submission.

Go to <https://www.stratatrust.com/resource-center/forms/> for form access and instructions.

Option 2: You may print + email, fax, or mail the form as shown below:

Email: Operations@StrataTrust.com
Fax: 512.495.9554
US Mail: PO Box 23149, Waco, TX 76702
Overnight: 7901 Woodway Drive, Waco, TX 76712

Guidelines

- Please allow 2-3 business days for processing.
- 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. The invoice or bill must include the property address or property description for the asset incurring 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).
- If payment is being made to a local home improvement store, please make sure it will accept a third-party check as payment for the supply estimate.
- If your account only owns a portion of the investment, your account can only pay its pro rata portion of the expense.
- No portion of the expense payment can be used to reimburse you for any out-of-pocket expenses or charges to a credit card.
- Payment by check will be sent first-class U.S. Mail unless otherwise directed.
- Please see our IRA Fee Schedule for the applicable fee(s) incurred if the expense payment will be wired or sent by overnight delivery. No fee is incurred for expense payments remitted by check.
- It is your responsibility to cancel any recurring events upon the sale of the property.
- If no valid option is chosen, then any applicable fees incurred as are result of this transaction will be deducted from the available cash in the account prior to processing your request, which could result in a lesser amount being remitted to the payee listed.

Need Assistance?

Client Services

866.928.9394 | Service@StrataTrust.com

Monday – Friday, 8:00 am – 5:30 pm CST

Expense Payment Authorization

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Section 1 Account Information

Accountholder Name		IRA Account #
Social Security Number (Last 4 Digits Only)	Daytime Phone Number	Email Address

Section 2 Expense Payment Information

Expense Information If your account only owns a portion of the asset, it may only pay for its proportionate share of the expense.	Payee Name		
	Exact Amount to Pay from my Account	\$	Memo/Reference
	Asset Incurring the Expense	List the property address if this expense pertains to real estate held within your IRA.	
	Type of Expense	<input type="checkbox"/> One-Time Expense Payment <input type="checkbox"/> Recurring Expense Payment (See Recurring Expense section below)	
Expense Type Must attach a copy of the invoice that includes the property address.	<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"/> Non-Recourse Note Payment (Debt-Financed Real Estate only) <input type="checkbox"/> Management Fee <input type="checkbox"/> Other:
Recurring Expense Not available for taxes or insurance payments.	Start Date ____ / ____ / ____	Process payments on the ____ day of each month.	End Date ____ / ____ / ____
	Recurring expense payments must be for the same amount to the same payee on the same day of each month. Recurring expense payments will only be sent by check and mailed U.S. first class mail, so please allow sufficient time for delivery to the payee. It is your responsibility to monitor the expense amount due and to provide STRATA with a new Expense Payment Authorization if the amount due changes or needs to be modified. *It is your responsibility to cancel any recurring events upon the sale of the property.		

Section 3

Expense Payment Method and Fees

I authorize and instruct STRATA to process the expense payment in the manner indicated below.

How to Process Payment and Handle Any Fees

If payment will be sent by bank wire or overnight, be sure to consider the related fee when requesting a transfer or other transaction to cover this expense payment. Otherwise, your expense payment may be delayed.

<input type="checkbox"/> Send Payment by Check Check payment will be sent by first-class U.S. Mail unless otherwise directed.			
Make Check Payable To			
Send To			
	Address		
	City	State	Zip
Send By			
	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Overnight – Must provide physical address (See IRA Fee Schedule)	

<input type="checkbox"/> Send Payment by Wire A wire fee will be charged – see IRA Fee Schedule.	
Bank Name	Bank Phone
Bank Location	State
ABA Routing #	Must be 9 digits _____
	Account Name
	Account #
For Further Credit To	Account Name
	Account #

Section 4

Processing Fees

If selections made above referred you to STRATA's IRA Fee schedule, please indicate below how you would like these fees to be paid so that there are no processing delays regarding your request. Typical transaction fees include wire fee, overnight fee, withholding fees, and funding processing fees.

- ☐ Deduct processing fees from cash in the account. I understand this could result in a lesser amount being remitted if there is not sufficient cash in the account.
- ☐ Charge fees to the credit card on file (Fee Payment Authorization form must have previously been submitted for this to be a valid option).
- ☐ One-time charge to a credit card (Credit Card Authorization form attached).

If no valid option is chosen, then any applicable fees incurred as are result of this transaction will be deducted from the available cash in the account prior to processing your request, which could result in a lesser amount being remitted to the payee listed.

Section 5

Accountholder Signature

I direct STRATA Trust Company ("STRATA") to execute the payment of the above-referenced expense ("Expense") for the benefit of my self directed IRA account ("Account"). In directing the Expense payment, I acknowledge and represent that the Expense was incurred by my Account and that the Account is only paying its portion of the expense. Any person/entity that has provided services relating to this 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 STRATA 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 STRATA will have a reasonable amount of time to complete my instructions.

- ☐ I understand that I must attach to this request a copy of the invoice or bill to be paid in order to complete this transaction. Failure to do so may result in processing delays or rejection of this expense payment request.



Accountholder Signature

Date