EXPENSE PAYMENT REQUEST

Contact Center: (800) 248-8447 | www.ForgeTrust.com

☐ Check this box for PRIORITY PROCESSING (1-2 business days).
Priority Processing fee of $250 will apply if selected. Normal Processing is up to 5 business days if in good order.

Use this form to pay for investment asset-related expenses such as property tax, property maintenance bills, insurance premiums, LLC setup fees, etc.

1. PERSONAL INFORMATION (*required field)

Should we need to contact you in regards to this request, your preferred method of contact is:

☐ Email

☐ Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* Last 4 Digits Only	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. TYPE OF DISTRIBUTION

I authorize Forge Trust Co. to withdraw the specified funds from my custodial cash account and send a check for the net amount to the payee indicated below. I attest that this authorization is for payment of expenses related to assets held in my IRA account and that this payment does not constitute a prohibited transaction. I acknowledge that there is a disbursement fee and may be other fees based on the payment type and delivery method selected (refer to the Fee Schedule).

If sufficient cash is not available in the custodial cash account, please attach a LIQUIDATION REQUEST form to authorize Forge Trust Co. to liquidate your assets.

3. PAYMENT INFORMATION

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

Make Check Payable To*			
C/O or Attn			
Address*			
City*	State/Province*	Zip/Postal Code*	Country*
Description of Payment*			
Asset Name*			APN/Parcel # (Property Tax Payments Only)
☐ Documents to be sent with payment:			

4. AMOUNT AND FREQUENCY OF PAYMENT

Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

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

**Periodic payments will be made on this day each period

IMPORTANT: You must have sufficient funds in your custodial cash account to cover the payment amount, plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your disbursement. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If sufficient cash is not available in the custodial cash account, please complete and attach a LIQUIDATION REQUEST form.

Pay the following net amount to the payee above*: $ _____

Frequency (please select one)

◯ One Time Only (default) - Note: You can pay up to 1 year in advance.

◯ Monthly* ◯ Quarterly* ◯ Semi-Annually* ◯ Annually*

Start my payments on (MM/DD/YYYY)**: _____ Optional End Date (MM/DD/YYYY): _____

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5. PAYMENT METHOD

Send payment to (select one):

Note: All Property Tax payments will be mailed to the client unless you provide tax bill to tax authority.

ACH not available.

◯ Payee Address above (default) PLEASE ATTACH BILL OR INVOICE			
◯ Another Party	First Name	Last Name	
Firm			
Address			
City	State/Province	Zip/Postal Code	Country

Send payment by:

*If no account # is provided, it will be billed to your IRA account at cost and sent via FedEx.

◉ Check via regular mail (default, disbursement fee applies)		
◯ Check via overnight mail (additional fee applies*)	*Charge cost to: ◯ FedEx ◯ UPS	Account Number
◯ Wire, as follows (additional wire fee applies)		
Bank Name		Routing Transit # (ABA)
Bank Address 1		Bank Phone Number
Bank Address 2		
Beneficiary Account #	Beneficiary Account Name	
For Further Credit		

6. ACKNOWLEDGMENT & SIGNATURE

I acknowledge that: (1) this expense payment request is provided to the Custodian under the Custodial Agreement between myself and the Custodian to pay for expenses related to assets held within my IRA account, (2) this payment is authorized under the provisions of the Custodial Agreement and IRS Regulations and does not constitute a prohibited transaction, (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. **I further acknowledge that Forge Trust Co. may contact me for verbal confirmation of my expense payment instructions, which may cause delays if I cannot be reached at the phone number on record.**

Account Owner's Signature	Date (MM/DD/YYYY)
✕	

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
expenses@ForgeTrust.com

Fax
(650) 745-2795

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111

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