



EXPENSE PAYMENT FORM

WHEN TO USE THIS FORM

To initiate a recurring expense payment for any of the following reasons for an investment within your Account.

- Mortgage Payments
- Property Management Bills
- Utility Bills

If the bill in question is not listed above, please contact a Representative for assistance.

Note: Do not use this form for distributions, investment funding, or closing costs.

IMPORTANT!

Please be sure to include a copy of the bill to be paid when submitting this document.

SUBMISSION OPTIONS

BY FAX:
(440) 365-1447

OVERNIGHT:
ETC Brokerage
1 Equity Way
Westlake, OH 44145

REGULAR MAIL:
ETC Brokerage
P. O. Box 451340
Westlake, OH 44145

BY E-MAIL:
ETCBrokerage@ETCBrokerage.com

INSTRUCTIONS & GUIDELINES

This Expense Payment form provides the information necessary to establish a recurring expense payment. Please be sure the following three items have occurred before this form is returned to ETC Brokerage:

- The ETC Brokerage account has been established.
- Funds are available to fund expense payments.
- The investment associated with the payments was successfully processed.

CONTACT INFORMATION

For assistance, please contact a Customer Service Representative

TOLL FREE:
(877) 819-8918

E-MAIL:
ETCBrokerage@ETCBrokerage.com

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

1 ACCOUNT INFORMATION			
ACCOUNT REGISTRATION		ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
DESIGNATED REPRESENTATIVE		DESIGNATED REPRESENTATIVE PHONE NUMBER	

2 EXPENSE PAYMENT INFORMATION		
NOTE: In order to have ETC Brokerage handle a recurring payment, all payments must be for the same amount on the same date each month and payable to the same party. Real Estate Tax Bills cannot be placed on a recurring payment.		
PAYMENT AMOUNT	ASSET NAME	
DESCRIPTION OF PAYMENT		
INFORMATION TO BE REFERENCED ON PAYMENT		
DATE TO START RECURRING PAYMENTS	DATE TO SEND PAYMENT EACH MONTH <i>(Please allow adequate time for USPS mail delivery.)</i>	MONTH/YEAR OF LAST PAYMENT <i>(If no ending date is provided, a written request must be submitted to cease payments.)</i>
THIS RECURRING PAYMENT WILL: <i>(Please check if one of these apply)</i>		
<input type="checkbox"/> NEW/SET-UP <input type="checkbox"/> MODIFY/REPLACE AN EXISTING RECURRING PAYMENT <input type="checkbox"/> STOP AN EXISTING RECURRING PAYMENT		

3 METHOD OF DISBURSEMENT			
AVAILABLE CASH FUNDS Funds must be available in order to make an expense payment.			
<input type="checkbox"/> SEND FUNDS BY CHECK			
MAKE CHECK PAYABLE TO			
MAIL CHECK TO			
ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> REGULAR MAIL (NO CHARGE)		<input type="checkbox"/> OVERNIGHT MAIL (Overnight Delivery Fee Applies)	
<input type="checkbox"/> SEND FUNDS BY ACH			
BANK NAME	BANK PHONE NUMBER		
ABA ROUTING # (9 DIGITS)			
FOR CREDIT TO	FOR FURTHER CREDIT TO		
ACCOUNT NUMBER	FOR FURTHER CREDIT TO ACCOUNT NUMBER		

IMPORTANT: PLEASE ENSURE THAT YOU READ THE FOLLOWING DISCLOSURES BEFORE YOU SIGN AND DATE THE DOCUMENT

The undersigned acknowledges that this Payment Directive is being provided to the Custodian under the applicable Custodial Agreement and, therefore, the undersigned is subject to, and Custodian is protected by, the provisions set forth in such agreement and the underlying investment direction form relating to the investment to which this Payment Directive pertains (including, without limitations, the indemnity, hold harmless, release and defense provisions contained in such documents), which documents are incorporated herein by reference to the effect that, among other things, the Custodian is not responsible to do or forbear from, any act the direction of which has not been actually received by the Custodian in writing signed by the Account Owner or other proper person (which direction may be by facsimile or other form acceptable to the Custodian and upon which it may rely so long as it believes such direction to be genuine and to be signed or presented by the Account Owner or other proper person) within a sufficient period of time for such direction to be accomplished in accordance with the Custodian's normal business practices (without regard to whether Custodian has undertaken efforts to comply with such directive) and to the extent sufficient funds are available in the Account.



 Account Owner's Signature Date



 Signature of Custodian Date