

BILL PAY REQUEST FORM

P.O.Box3587, Albuquerque,NM87190 • Toll Free:1-800-529-3951 • Local:505-514-0539 • Fax:505-792-6096 • help@IRASTC.com

NOTES:

- Use this form to pay a bill for an asset held in your account for expenses such as, repairs, service fees, tax payments, utilities
- Please complete a separate form for each expense / bill
- Please provide us with both an asset description and an asset reference number; We will be unable to process your request if you do not provide both of these items
- Providing a copy of the bill or invoice is helpful, as a copy will be sent with the check
- ** See current fee schedule for associated fee(s)

PART 1: PROCESSING OPTIONS

☐ Standard ☐ Express processing (\$125 Fee) ☐ Specialized Black

* Express processing is available until 11:30AM Mountain Time. Any bill pay requests received after this cutoff time will be processed the next business day. Standard processing can take up to three business days to complete.

PART 2: ACCOUNT HOLDER INFORMATION

Account Holder: _____ STC Account #: _____

Email Address: _____

PART 3: ASSET INFORMATION

Name of Asset (Required): _____ Asset Reference Number (Required): _____

PART 4: PAYMENT INFORMATION

Payment Amount: \$ _____

Description of Payment: _____

*(Repairs, HOA fees, etc.)

PART 5: PAYMENT METHOD

☐ Send Funds by Wire (**Fees Apply)

Bank Name: _____ ABA (routing number): _____

Name on Account: _____ Account Number: _____

Further Credit to (Client Name): _____ Bank Phone Number: _____

Reference Line (optional): _____

Send Funds by Check (**Fees Apply)

Send Funds by Check and Mail Overnight (**Fees Apply)

Check Payable to (Payee): _____

Mail To (if different): _____

Address: _____ City: _____ State: _____ Zip: _____

Reference / Memo Line (optional): _____

PART 6: DOCUMENT SIGNING REQUEST

I authorize Specialized Trust Company to sign the documents listed below: Note: A Document Handling Fee applies for documents requiring signing by STC.

1. _____ 2. _____

3. _____ 4. _____

☐ Mail these documents along with my payment

(We will mail signed documents in the same envelope as the check if you select this option. There is no additional charge for this selection).

☐ Send these documents using the method I have selected below

Mail:

Recipient's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Standard Mail *(no addtl charge)*

☐ Overnight Mail *(**Fees Apply)*

Email / Fax:

Fax Number: _____ Email Address: _____

Attention to: _____

PART 7: SIGNATURES

By signing below, I acknowledge that I have reviewed this form for accuracy and completeness and am hereby directing Specialized Trust Company to initiate the transaction outlined on this form. I understand that Specialized Trust Company is not a "fiduciary" for my account, and I alone am responsible for the due diligence, management, and review of investments held within my account.

Account Holder Signature: _____ Date: _____

Approved by: _____ Date: _____