

/ > > W z Z & K Z ^ D

P.O.Box3587,AlbuquerqueNM87190 •Toll Free:1-800-529-3951 • Local505-514-0539 • Fax505-792-6096 •help@ / Z ^ d X } u

NOTES:

- x Use this form to pay a bill for an asset held in your account ( ) CE AE %o v • • μ Z • U CEepairs, service fees, tax payments, utilit ] •
- x Please complete a separate form for each expense / bill
- x 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
- x Providing a copy of the bill or invoice is helpful, as a copy will be sent with the check
- x Ž Ž ^ μ CE CE v š ( • Z μ o ( ) CE •• } ] š ( ~ ••

PART 1: PROCESSING OPTIONS

Standard  Express Wrocessing (Fee)  E AE š Ç W CE } ••] v P  W rō š ] v μ u  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: \_\_\_\_\_ S d Account #: \_\_\_\_\_

EmailAddress: \_\_\_\_\_

PART 3: ASSET INFORMATION

Name of Asset(Required): \_\_\_\_\_ Asset Reference Number(Required): \_\_\_\_\_

PART 4: PAYMENT INFORMATION

Payment Amount\$ \_\_\_\_\_

Description ofPayment: \_\_\_\_\_

\*(Repairs, HOA fees, etc.)

PART 5: PAYMENT METHOD

Send Funds by Wire ( Ž Ž & • %o %o o Ç •

Bank Name: \_\_\_\_\_ ABA (routingnumber): \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account Number \_\_\_\_\_

Further Credit to ( client fee): \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

Reference line (optional):

Send Funds by Check ( Ž Ž Fee • %o %o o Ç Send Funds by Check and Overnight ( Ž Ž & • • %o %o o Ç

Check Payable to ( Wayee): \_\_\_\_\_

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: ~~EMV~~ ~~WISO~~ ~~WPCX~~

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 ~~(<sup>16</sup>)~~

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: \_\_\_\_\_