SPECIALIZED
TRUST COMPANY

Bill Pay Request Form

IMPORTANT INFORMATION

- 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: ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER

STC ACCOUNT NUMBER

EMAIL ADDRESS

PART 2: PROCESSING OPTIONS

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

☐ **Standard Processing**
☐ **Platinum Processing**
☐ **Specialized Black Processing**
☐ **Express Processing: $225.00 Fee**
☐ **Next Day Service: $125.00 Fee**

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 these funds by wire** **FEES APPLY* ***DOMESTIC ONLY — PLEASE ATTACH A WIRE INSTRUCTION SHEET IF AVAILABLE*

WIRE INSTRUCTIONS

RECEIVING BANK NAME	
ABA# (BANK ROUTING NUMBER)	
BENEFICIARY NAME ON ACCOUNT	
BENEFICIARY ACCOUNT NUMBER	**CONTACT PHONE NUMBER**
BENEFICIARY ADDRESS	
CITY **REQUIRED*	**STATE**
ZIP	**COUNTRY** **REQUIRED*

IMPORTANT: The address listed under "Beneficiary Address" must be the beneficiary's personal or business address, not the receiving bank's address.

INTERMEDIARY BANK

Does your wire require an intermediary bank?

☐ **Yes** ☐ **No**

IF YES, PLEASE FILL OUT THE FOLLOWING FIELDS.

INTERMEDIARY BANK NAME	
INTERMEDIARY BANK ABA	**INTERMEDIARY BANK ACCOUNT NUMBER**

☐ **Send these funds by check** **FEES APPLY* ☐ **Send these funds by check and mail overnight** **FEES APPLY*

CHECK INSTRUCTIONS

MAKE CHECK PAYABLE TO		
MAIL TO (IF DIFFERENT)		
MAILING ADDRESS		
CITY	**STATE**	**ZIP**
REFERENCE / MEMO LINE (OPTIONAL)		

PART 6: DOCUMENT SIGNING REQUEST

Note: A Document Handling Fee applies for documents requiring signing by STC.

I authorize Specialized Trust Company to sign the documents listed below:

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 ADDITIONAL CHARGE* ☐ **Overnight Mail** **FEES APPLY*

EMAIL / FAX

FAX NUMBER	EMAIL ADDRESS

ATTENTION TO

PART 7: SIGNATURES

IMPORTANT
PLEASE READ BEFORE SIGNING.

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.

SIGNATURE OF ACCOUNT OWNER	DATE
X	

APPROVED BY	DATE