

1 ACCOUNT HOLDER INFORMATION

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Midland Account Number
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2 PROPERTY INFORMATION

Property Address/Asset Description	Percentage of Ownership
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3 EXPENSE INFORMATION

TYPE OF EXPENSE		
<input type="checkbox"/> Taxes: Taxing Authority <i>(Indicate below)</i>	<input type="checkbox"/> Insurance: Company <i>(Indicate below)</i>	
<input type="checkbox"/> Homeowner Association Dues: HOA Name <i>(Indicate below)</i>	<input type="checkbox"/> Utilities: Provider <i>(Indicate below)</i>	
<input type="checkbox"/> Other: Specify <i>(Indicate below)</i>	Amount to be Paid	<input type="checkbox"/> Refer to Invoice
Frequency of Payments <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> As Invoiced	Payment Beginning Date	Payment End Date

4 FUNDING INSTRUCTIONS Please send the funds for purchase via: WIRE CHECK

For WIRE - Please complete the info below \$30 wire fee applies		For CHECK - Please complete the info below Allow additional processing time if sent regular mail. Void after 90 days	
Bank Name		Make Check Payable To	
Account Holder Name		Mail Check To	
ABA Routing Number	Account Number	Address	
For Credit To		City, State, Zip	
		Send Check via: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Mail (\$30) <input type="checkbox"/> Cashier's Check (\$30 + Overnight Fee) <input type="checkbox"/> Hold for pick-up	

Payment Memo (Account # or other identifier that you want referenced on the payment):

5 SIGNATURE AND ACKNOWLEDGEMENT

I understand that my account is self-directed and that the Administrator serving from time to time (as named in the Custodial Account Agreement or that entity's successor as Administrator) and Custodian named in the disclosure statement received when the account was established will not review the merits, appropriateness and/or suitability of any expense payment in general, or in connection with my account in particular. I acknowledge that Administrator and Custodian do not endorse, approve or recommend any companies, products, services or investments. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the expense payment directive set forth in this Payment Authorization Letter. I understand that the Administrator and Custodian do not determine whether this payment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws. I understand that it is my responsibility to review any expense to ensure compliance with these requirements.

I assume all responsibility in ensuring that Administrator, Office, and/or Custodian is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers). This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator.

Print Name: _____

Signature: _____ **Date:** _____