

VIP Services: (888) 855-9856 | info@trustprovident.com
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Please use this form to instruct Provident Trust Group to process an expense payment related to an investment held within your account, including

- Property Taxes
- Property Improvements or Repairs
- Insurance Premiums
- Utility Payment
- HOA Dues
- Non-Recourse Note Payment (for Debt-Financed Property)
- Management Fees
- Capital Calls
- LLC Set Up Expenses

Please submit a separate form for each payee and for each account asset.

Guidelines

- Complete all sections of the form to avoid processing delays.
- Include a copy of the invoice or bill to be paid along with your completed Expense Payment Authorization form.
- If your account owns only a portion of the investment, your account can pay only its portion of the expense.
- Expense payments must be made to an unrelated third party (and not to a disqualified person as defined by Internal Revenue Code Section 4975).
- No portion of the expense payment can be used to reimburse you for any expenses paid out of pocket.
- Please allow approximately 10 business days for processing if you are requesting a new or updated recurring expense payment.
- Payment by check will be sent first-class U.S. Mail unless otherwise directed.

Mailing and Wire Information

Regular and Overnight Mail

Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Wiring Instructions

Wells Fargo Bank, N.A.
420 Montgomery St.
San Francisco, CA 94104

ABA Number 121000248
Account Number 4077370088

Please reference "Provident Trust Group" in the Bank Account Name and the Account Owner's Name and Account Account in the OBI section.

Sending a Check?

We use a secure lockbox for ALL checks.

Make check payable to:

Provident Trust Group, LLC
FBO: Client Name and Account Type

Regular Mail

Provident Trust Group, LLC
P.O. Box 847470
Los Angeles, CA 90084-7470

Overnight Mail

Lockbox Services 847470
ATTN: Provident Trust Group, LLC
3440 Flair Drive
El Monte, CA 91731

Need to Contact Us?

Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Website
www.trustprovident.com

Email
info@trustprovident.com

VIP Services
(888) 855-9856

Fax
(702) 253-7565

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Section 1

Account Owner Information

Title	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number		Account Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

Section 2

Processing Options

If you would like expedited processing, please select one of the options below. If no option is selected, "Normal Processing" will apply. Processing fees will be paid from the cash available in your account unless you indicate otherwise. See current Fee Schedule for applicable fees.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.

- Normal Processing**
 Processed within three business days.
- Next-Day Service**
 Processed by 4 p.m. PST next business day.
- Same-Day Service**
 Processed within the same day.
- I elect to pay the fees related to this transaction with the credit card I have on file. (If you do **NOT** have a credit card on file, please add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)

Section 3

Expense Information *(Describe your expense)*

Please note that if there are insufficient cash funds in your account when the expense must be paid, your request will not be able to be processed.

Expense

Please note that you must enclose a copy of the invoice with this form. If your account owns only a portion of the asset, it may pay only for its proportionate share of the expense.

- | | | | |
|-----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Property Taxes | <input type="checkbox"/> Property Improvements/Repairs | <input type="checkbox"/> Utility Payment | <input type="checkbox"/> Insurance Premium |
| <input type="checkbox"/> Capital Call | <input type="checkbox"/> HOA Dues | <input type="checkbox"/> Non-Recourse Payment
<i>(Debt-Financed Real Estate only)</i> | <input type="checkbox"/> LLC Set-Up Expense |
| <input type="checkbox"/> Other <input type="text"/> | | | |

Expense Information

Payee Name	Ownership Percentage <i>(If less than 100%)</i>
<input type="text"/>	<input type="text"/>
Memo/Reference	Asset Incurring the Expense
<input type="text"/>	<input type="text"/>

Section 4

Expense Frequency – How often do you want it paid?

Please select Option A, B, or C.

Option A: One-time Payment

Amount Or

Pay amount on invoice

Option B: Recurring Expense

Monthly Quarterly

Start Date End Date

If no end date, please check here

Process payments on

1st or 15th

Month

Amount

Option C: Blanket Authorization

If the account has sufficient funds, make payments as invoices are received.



Please Note:

- Recurring expense payments must be for the same amount each period and must be paid to the same payee.
- We require written notification if the payment needs to be changed or canceled.
- In order to ensure that this expense payment request will be processed by your selected start date, 1) you must have available funds in your account, and 2) we must receive this expense payment request no later than 10 business days before the selected start date.

Section 5

Expense Processing – How would you categorize your request?

New or Additional Setup Modifies or Replaces Existing Payment Stop or Cancel Existing Payment

Section 6

Payment Method

All accounts are required to maintain a minimum cash balance of \$500.00. If your request would drop your cash balance below this amount, your request may not be processed. See current Fee Schedule for applicable fees.

Option 1: Mail a check to the following payee

Payee Name

Payee Tax ID Number

Address

City

State

Zip

Check Delivery Options: Regular Mail Priority Mail Overnight Mail

Option 2: Wire or ACH funds directly to the payee's bank

If the ABA routing number accepts both wire and ACH transactions and the box below is not checked, funds will be sent as a wire. If the ABA routing number provided is not for a wire account, funds will be sent as an ACH.

Bank Name

I have attached separate wire instructions

Bank Address

City

State

Zip

Payee Name (On bank account)

Payee Tax ID Number

Payee Address

City

State

Zip

Account Number Checking Savings

ABA Routing Number Wire ACH

Section 7

IRA Owner Agreement and Authorization

My account is self-directed and I, alone, am responsible for the selection, due diligence, management, review, and retention of all investments in my account. I agree that the Custodian and Administrator are not fiduciaries for my account as the term is defined in the Internal Revenue Code, ERISA, or any other applicable federal, state, or local laws. I acknowledge and confirm that I have received, read, and understand each of the disclosures for my account(s) and direction(s) of investment, and consent and agree to the terms and conditions contained therein. I direct the Custodian to execute the payment of the above-referenced expense ("Expense") for the benefit of my account. In directing the Expense payment, I acknowledge and represent that the Expense was incurred by my account, that the account is paying only its portion of the expense, and that any person/entity that has provided services relating to the Expense is an unrelated third party and not a disqualified person as defined by Internal Revenue Code Section 4975. I further acknowledge that no portion of the Expense payment will be used to reimburse me for any expenses paid out of pocket. I agree to hold the Custodian harmless from any liability for any loss, damage, injury, or expense that may occur as a result of the execution of this Expense Payment Authorization. I understand that the Custodian requires a reasonable amount of time to complete my instructions. I understand that I am required to maintain a minimum balance of \$500.00 in my account. I further understand that if my request would cause my account to drop below this required minimum balance, the request may not be processed.

X

Account Owner Signature

Account Owner Name *(Please type or print)*

Date *(mm/dd/yyyy)*



Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Email to: investments@trustprovident.com

Fax to: (702) 253-7565