

When to use this form:

Please use this form for payments made from your IRA account in relation to an asset. This may include:

- Utilities/ Insurance/ Taxes/HOA
- Repairs/ Maintenance
- HUD Closing
- PPM Payment
- Additional Funding for an existing asset

To complete your Authorization:

Mail the following to CamaPlan in a single package:

1. THIS FORM, SIGNED AND DATED

2. SUPPORTING DOCUMENTS:

- Invoice
- OR Contract

3. INCLUDE A CHECK OR MONEY ORDER TO COVER TRANSACTION FEES TO CAMAPLAN, OR PROVIDE CREDIT CARD INFORMATION IN SECTION 3 OF THIS FORM

Refer to the Fee Schedule for a full explanation, or ask your customer service representative.

CamaPlan Fax:
(973) 302-8622

Mail your Authorization Package to:

CamaPlan
122 E. Butler Ave, Suite 100
Ambler, PA 19002

What's next?

You will be notified within 48 hours from the time documents are received, of the following:

1. Your transaction paperwork is complete
2. OR your paperwork is incomplete and what other documents or corrections are necessary

Operations@CamaPlan.com
(866) 559-4430

1. Participant Details

Name as it appears on your CamaPlan account

Account Number

2. Payment Details

Asset Name

Ownership Percentage

PAD Type

One-Time Payment

Blanket* (recurring payments only)

*A Blanket PAD is a Payment Authorization Directive that covers recurring payments for an entire asset or a particular payment type. Assets that have multiple recurring payment types should select ALL. A failure to submit a Blanket PAD for an asset with recurring payments will result in a \$25 charge per payment notification. If you prefer not to use the Blanket PAD option for recurring payments please have all payment/invoice notifications sent to your address and utilize the One-Time Payment option.

Blanket Frequency

As Invoiced

Monthly

Annually

Other:

Payment Type

1. Property Taxes

2. Property Insurance

3. Mortgage

4. Utilities

5. Homeowners Association Dues

6. Repairs / Maintenance

7. ALL

8. Other:

9. Additional Funding (Existing Asset)

Amount \$

Payable to:

Address

Send payment by:

Overnight**

2 Day courier**

Regular mail

Wire/ACH

Account Information

Name

Address

Account No.

Bank Name

Bank ABA #

** Additional charges may apply

Additional Details:

3. Transaction Fees to be Paid

From your account

By check

With credit card

(Credit card transactions will be assessed a 3.5% service charge.)

Card Type:

Visa

MasterCard

Discover

American Express

Other:

Card Number

Name on Card

Exp Date

CVC Code

Wire/ACH

Account Information

Name

Address

Account No.

Bank Name

Bank ABA #

4. Authorization

I hereby certify and represent that the above-described asset is held in my self-directed IRA account Administered by CAMA Self-Directed IRA, LLC (Administrator) and that the requested payment is an appropriate expense directly related to a proper purpose with respect to such asset. I direct Administrator to disburse the specified funds from

my account to the identified recipients in accordance with the terms hereof. I understand and acknowledge that the requested disbursement will be processed in ordinary course unless an expedited processing service is requested and paid for by me. I understand and acknowledge that it is my responsibility to ensure that sufficient funds are available in my account to meet the subject obligation and that I must deliver this Payment Authorization to Administrator to allow sufficient time for processing and delivery to the payee to occur in a timely manner. I hereby release, indemnify and hold Administrator and Custodian harmless from any and all liability that may arise as a consequence of Administrator carrying-out this directive in accordance with the terms hereof.

Authorizing Purchaser's Signature

Date