

Forward To: 214 West 9<sup>th</sup> Street  
 PO Box 420  
 Onaga, KS 66521  
 P) 800.521.9897  
 F) 913.901.4190  
 Distributions@MainstarTrust.com

**1. Account Information**

Account Name:	Account Number:
---------------	-----------------

**2. Property Details**

Property Address or Legal Description:

**3. Payment Type**

<input type="checkbox"/> Property Tax	<input type="checkbox"/> Utilities
<input type="checkbox"/> Insurance	<input type="checkbox"/> Maintenance / Repairs
<input type="checkbox"/> Home Owner Association	<input type="checkbox"/> Other: _____
<b>Required:</b>	
<input type="checkbox"/> Invoice/Bill Attached ( <i>Payment will <u>not</u> be processed if not included</i> )	

**4. Re-occurring Payment**

Please indicate the frequency of this transaction, if left blank payment will be made only once upon receipt of request. Payments will automatically be sent to payee as indicated below if you choose monthly, quarterly or annually, from the cash available in your Mainstar account.

One-Time     Monthly     Quarterly     Annually

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**5. Payment Details**

If IRA owns less than 100% of property, please notate ownership percentage: \_\_\_\_\_%

Amount to be paid: \$	Date of Payment: <small>*If not specified, payment will be made on receipt by Mainstar.</small>
Name of Payee:	
Payee Address:	City, ST, Zip:

**6. Authorization & Signature**

I direct Mainstar Trust to execute this payment for the benefit of my self-directed account. I acknowledge that it is my sole responsibility, acting directly or through my authorized representative, to direct the investment of my account, and that Mainstar Trust, acting as custodian of my account, will not have responsibility, discretion, or involvement in evaluating or selecting any assets or investment, and shall have no liability for any loss, damage, tax (including a prohibited transaction tax) that may result from or be associated with the transaction requested herein.

I confirm that the decision to make the payment set forth herein is in accordance with the rules of my Account, and I agree to hold Mainstar harmless and without liability. I assume all responsibility in ensuring that Mainstar 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 Mainstar. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>Signature of Accountholder Trustee or Authorized Account Representative:</b>	<b>Date:</b>
---	--------------