



GOLDSTAR TRUST COMPANY

REAL ESTATE IRA Payment Authorization & Instruction Letter

701 S. Taylor, LB 110
Amarillo, TX 79101
(800) 486-6888
Fax (806) 655-2490
gtcalternativeinvestments@goldstartrust.com

Instructions:

- Use this form to authorize and direct Goldstar Trust Company to pay expenses related to your real estate investment held within your IRA. Please include a copy of the invoice/bill with this form.
- Related expenses may include: Property Taxes, Insurance Premiums, HOA Dues, Repairs or Improvements, Management Fees, Nonre-course Loan Payments, and Utility Payments.
- Payment will be made only to an unrelated third party. In addition, per IRS Code Section 4975, no payment can be made to a disqualified person.
- Payment will not be made to reimburse the IRA owner for expenses paid out of pocket.
- Payment will be made only for the IRA owner's percentage of ownership held in the real property.
- Fees - No fee is incurred if a check is being issued. If payment requires expedited delivery, please refer to our fee schedule for the applicable fee for wire or overnight delivery charges.
- Submit form and invoice to Goldstar.

1. ACCOUNT INFORMATION:

NAME: (as it appears on your account application)		GOLDSTAR ACCOUNT NUMBER:	
PRIMARY PHONE NUMBER:		PERCENTAGE OF OWNERSHIP: %	

2. PAYMENT INFORMATION:

PAYEE NAME:		AMOUNT:	
REFERENCE ON PAYMENT:		PAYMENT FREQUENCY: <input type="checkbox"/> ONE-TIME <input type="checkbox"/> RECURRING	

RECURRING EXPENSES (to be used only for HOA dues and non-recourse loan payments)

DUE DATE:		END DATE: (if applicable)	
FREQUENCY: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> As Invoiced		CURRENT OR CANCELLATION: <input type="checkbox"/> New Recurring Payment <input type="checkbox"/> Cancel existing recurring payment	

***Recurring expenses will only be sent via check by regular mail. Unless instructed otherwise, the check will be issued 5 days prior to the Due Date. Recurring expenses must be the same amount and due date for each scheduled payment.

3. DELIVERY INSTRUCTIONS:

SEND FUNDS BY CHECK:

ADDRESS:	CITY:	STATE:	ZIP:
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SEND FUNDS BY WIRE:

BANK NAME:		ROUTING/ABA NUMBER:	
BANK ADDRESS:	CITY:	STATE:	ZIP:
RECIPIENT NAME:	RECIPIENT ACCOUNT NUMBER:	FOR FURTHER CREDIT TO/PAYMENT DETAILS:	



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newbusiness@goldstartrust.com

CHOOSE ONE:

- IMPORTANT: PLEASE READ THE FOLLOWING DISCLOSURES BEFORE YOU SIGN AND DATE**

With respect to the customer authorization and acknowledgment, the term ‘Goldstar’ includes collectively Goldstar Trust Company, Centennial Bank and any affiliated company.

I acknowledge that I have sole responsibility for directing the investment of my account. I acknowledge that GoldStar will not exercise any discretion. I assume any fiduciary responsibility, perform a due diligence review, or undertake any investigation as to the prudence, viability, merits or suitability of the investment. I acknowledge my understanding that GoldStar is not a "fiduciary" or a person entitled to exercise any discretionary authority with respect to the investment, as those terms and concepts are defined in the Internal Revenue Code, ERISA, or other applicable federal, state, or local laws. I agree to hold GoldStar harmless from any liability for any loss, damage, injury, or expense (including reasonable attorney's fees) which may occur as a result of the execution of this Investment Direction and Certification.

I acknowledge GoldStar is not responsible for notifying me of any payments due in regards to this investment, including but not limited to the following: taxes, utilities, homeowner association dues, repairs, or insurance premiums. I acknowledge that it is my responsibility to direct GoldStar in writing to make any such payments due for this investment. I understand that I am responsible for reviewing account statements to ensure that proper payments have been made per my requests. I acknowledge that all payment directions must be submitted in writing by me, or authorized third party, including any modifications to previous directions. I understand that GoldStar has no authorization to make any modifications to any directions submitted without written authorization. I acknowledge that it is my sole responsibility to ensure sufficient funds are available in the IRA to complete the directed payment(s) and that any late fees resulting from insufficient funds or incomplete instructions are my responsibility, and not that of GoldStar.

I understand that any funds received by personal check will be subject to a 10 day hold before being available for any withdrawal, including but not limited to: purchases, investment expenses, distributions, etc.

I acknowledge that GoldStar must be provided with complete instructions for payments, including but not limited to the following: payee name, payee addresses, applicable account numbers, payment amount, and/or due date. I understand that this Payment Authorization will remain in effect until revoked or revised in writing by me or authorized third party.

The aforementioned representations are true and accurate as of the date hereof and shall be true and accurate as of the date of delivery of the funds to the investment and shall survive such delivery. If in any respect, such representations or warranties shall not be true and accurate prior to delivery of the funds to the investment, I shall give written notice of such fact to GoldStar specifying which representations are not true and accurate and the reasons therefore.

ACCOUNT HOLDER SIGNATURE

X _____
Signature of Account Holder Date _____

SUBMISSION OPTIONS:

Submit by Fax
806-655-2490

Submit by Email
gtcalternativeinvestments@goldstartrust.com

Submit by Mail GoldStar
Trust Company
701 S. Taylor, LB 110
Amarillo, TX 79101