

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
- Capital Call
- Additional Funding for an existing asset

To complete your Payment Authorization:

1. COMPLETE AND SIGN THIS FORM

2. SUPPORTING DOCUMENTS MAY INCLUDE:

- Invoice
- Capital Call Notice (Private Placements)
- Amendment (Notes)
- Closing documents (Purchasing Real Estate)

3. SUBMIT TO CAMAPLAN:

- Completed Payment Authorization Form
- Supporting document(s)

If you would like to have your paperwork reviewed prior to submitting:

call: **(866) 559-4430**

or email: **Operations@CamaPlan.com**

Submit your Payment Authorization to:

- Fax: (973) 302-8622
- Email: Operations@CamaPlan.com
- Mail: CamaPlan
122 E Butler Ave, Suite 100
Ambler, PA 19002

What's next?

Upon receipt of all required documents, we will release funds within 2 business days.

Your payment will not be processed without sufficient funds for our minimum balance requirement.

1. Participant Details

Name 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** (No P.O. Box)

2 Day courier** (No P.O. Box)

Regular mail

Wire ACH

Account Information

Acct Name

Acct Address

Acct No.

Bank Name

Bank ABA #

** Additional charges may apply

Additional Details:

3. Transaction Fees

How do you wish to pay

Payment Method on File

- Entered via the online portal. Payment method can be added by logging in to your portal at sys.camaplan.com.

Credit Card (call the office)

Check

CamaPlanAccount

Authorizing Purchaser's Signature

Date

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.