



Payment Authorization Letter

The name of the company that performs record keeping and administration of your plan on behalf of the Custodian named the disclosure statement received when the account was established will not review the merits.

Please complete the following information.

1. Name (as it appears on your account application)	2. Your account number
3. Property address	4. Percentage of ownership

5. I hereby authorize and direct the Administrator and/or custodian to PAY the following for my account

<input type="checkbox"/> Mortgage*	<input type="checkbox"/> Property taxes	<input type="checkbox"/> Insurance	<input type="checkbox"/> Homeowner association dues
<input type="checkbox"/> Utilities	<input type="checkbox"/> Other (Please Specify)		

*Mortgages are paid on the first business day of the month, unless other arrangements are made in writing. If sufficient funds are not available, payment will be made the first day of the following month. Other bills are paid within 4-5 days of receipt, unless other arrangements are made in writing.

6. Payment information *Please select one.* 7. Check payable to *(Name and Address)*

<input type="checkbox"/> Wire <i>Please print and complete Wire Instruction Form</i>	
<input type="checkbox"/> Check	

8. Amount to be sent or wired 9. Beginning date 10. End date

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11. Frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> One Time	<input type="checkbox"/> As Invoiced	<input type="checkbox"/> Other
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12. Transaction fees (e.g., Set-up Fee, Wire Transfer, Overnight Courier) to be paid by: *The fees which apply to completing this transaction. If no indication is made, fees will be deducted from your uninvested cash balance if available.*

<input type="checkbox"/> Your account	<input type="checkbox"/> Check enclosed	<i>Fees must be paid at the time of the transaction</i>
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13. Signature

I understand that my account is self-directed and that the Administrator and Custodian named in the disclosure statement received when the account was established will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that I have not requested that my administrator provide, and administrator has not provided, any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that neither the administrator nor or custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, or any applicable federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that no one at IRA Resources, Inc. has authority to agree to anything different than my foregoing understandings of IRA Resources, Inc. policy. I understand that neither the administrator or custodian is a fiduciary for my account as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold administrator or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. I also understand and agree that administrator or custodian will not be responsible to take any action should there be any default with regard to this investment.

I am directing you to complete this transaction as specified above. I confirm that the decision to pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability administrator or custodian of my account.

I assume all responsibility in ensuring that administrator 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 administrator.

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. Do not email this form. Email is not a secure medium. Please send this form to IRA Resources, Inc.

10. Signature _____ **Date** _____

Please read the disclosure above the signature line before signing and dating.