



VANTAGE®

Payment Authorization Letter

Date Stamp
(Office use only)
Rev. 6/1/2020

MASTER

This is a fillable PDF form. To complete the form, click in an area and type.

Account Owner Information (As it appears on your account application)

Legal Name: _____ Vantage Account #: _____
First, Middle, Last

Expense Information

Asset Description/Property Address: _____

Percentage of Ownership: _____

Type of Expense: Capital Call LLC Formation Earnest Money Mortgage Homeowners Association
 Insurance Property Taxes Utilities Maintenance/Repairs
 Other (Please specify): _____

Payment Information

One-Time Payment - I hereby authorize and direct Administrator to make a one-time payment for a fixed amount to the following:

Payable to: _____ Amount: \$ _____

As Invoiced - I hereby authorize and direct Administrator to make recurring payments upon invoice with amounts subject to change.

Payable to: _____ Date of Expiration: _____

Recurring Payments - I hereby authorize and direct Administrator to make recurring payments of a fixed amount to the following:

***NOTE: Payments must begin within 45 days of Vantage receiving payment instructions.**

Payable to: _____ Amount: \$ _____

Payment Frequency: Monthly Quarterly Semi-Annually Annually

Processing Day: 1st 5th 15th 20th

Date Payments to Commence: _____ Date Payments to End: _____

PLEASE ALLOW TWO BUSINESS DAYS FOR PROCESSING

Delivery Instructions

Check Memo or Reference Information: _____

CHECK (If no delivery option selected, we will default to regular mail) **CASHIER'S CHECK** (Please allow one additional business day for processing)

Hold for Pick Up (Checks are available for pick up at Vantage after 2pm) Regular Mail Overnight (Cannot be delivered to a P.O. Box)

Mail To Address: _____ City: _____ State: _____ Zip: _____

WIRE **ACH** Bank Account #: _____ Bank Routing #: _____

Account Holder's Name: _____ Bank Name: _____

Account Type: Checking Savings Account Holder's Address (Required for Wires) - City: _____ State: _____

Transaction Fees (Please reference your Vantage fee schedule for applicable transaction fees.)

Vantage Account Check (Made payable to Vantage) Visa MC Discover AMEX

Name On Card: _____

Card Number: _____ Exp.: _____ CVC: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature

Vantage Retirement Plans, L.L.C. (“Administrator”) performs recordkeeping and administration duties in connection with Account Owner’s self-directed account (the “Account”) on behalf of the custodian (“Custodian”) as set forth in Account Owner’s account application (the “Account Application”). The terms and conditions of this document are incorporated into the Account Application, and the terms and condition of the Account Application are incorporated herein.

I understand my Account is a self-directed account and the Administrator and Custodian will not review the merits, appropriateness, security and/or suitability of any investment in connection with my Account. I acknowledge the Administrator and Custodian do not endorse, approve, or recommend any companies, products, services, or investments. I acknowledge I have not requested the Administrator or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand the Administrator and Custodian do not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws, including but not limited to whether my investment is a security requiring registration under any Blue Sky Laws or applicable Securities Laws. I understand it is my sole responsibility to review any investments to ensure compliance with these requirements.

I understand if the services of Administrator or Custodian were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, or subsidiaries of Administrator or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties, or agreements, made by any such person or entity.

I understand no person affiliated with Administrator and Custodian, any of its licensees, licensors, or franchisees, has authority to agree to anything different than as set forth herein. I understand that neither Administrator nor Custodian is a fiduciary for my account as such term is defined in the IRC, ERISA, Securities Laws, or any applicable federal, state, or local laws. I agree to release, indemnify, defend, and hold Administrator and Custodian harmless from any claims arising out of my Account including, but not limited to, claims that an investment is not prudent, proper, diversified, properly secured or otherwise in compliance with ERISA, the IRC, Securities Laws, or any other applicable federal, state, or local laws. I also understand and agree the Administrator is not required to take any action should there be any default in connection with my account.

I confirm the decision to make the payment set forth herein is in accordance with the rules of my Account. I confirm the decision to make the payment set forth herein is in accordance with the rules of my Account. I understand Vantage does not determine if my payment is qualified under IRA or HSA guidelines, and I agree to hold Administrator harmless and without liability.

I assume all responsibility in ensuring the Administrator, or Custodian are 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 I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. Please fax or mail this form to your Administrator's office.

PAYMENT WILL NOT BE PROCESSED WITHOUT AN INVOICE

NOTE: Please allow Vantage two (2) business days to complete your request. Documents received after 2pm will be considered as received the next business day.

Payment Authorization Signature: _____ **Date:** _____

(I have read the disclosure above the signature line before signing and dating and agree with its contents.)