

PAYMENT AUTHORIZATION LETTER



ACCOUNT AND ASSET INFORMATION:

Account Holder Name _____ Next Generation Account # _____
Property Address or Asset Description _____
CUSIP (if available) _____ Percentage of Ownership _____

PAYMENT INFORMATION:

I hereby authorize and direct the Administrator to PAY the following for my account: *(Please attach corresponding invoice.)*

- Mortgage Property Taxes Insurance Utilities Homeowner Association Dues
 Other *(Please Specify)* _____

I wish to pay by one of the following funding methods:

- Wire *(Print & Complete Outgoing Wire Instruction Form)** ACH *(Print & Complete Outgoing ACH Instruction Form)* Check *(Complete Information Below)*

Payee Name _____
Payee Address _____
City, State, Zip _____
Memo/Reference _____

Pay This Amount: _____

- Check here is you want the check Express Delivered.* *(Express deliveries cannot be made to a PO Box.)*

**Wires and Express Delivery incur a \$30 fee.*

FREQUENCY AND FEES:

Frequency of Payment:

- One Time As Invoiced Monthly* Quarterly* Annually* Other* _____

*Please indicate a beginning and end date for recurring payments: Begin _____ End _____

Transaction Fees to be Paid By: *(The fees which apply to completing this transaction. Fees must be paid at the time of the transaction. If no indication is made, fees will be deducted from your uninvested cash balance if available.)*

- Your Account Check Enclosed Credit Card *(Print & Complete Credit Card Authorization Form)*

SIGNATURE: Please read the entire disclosure before signing and dating.

I understand that my account is self-directed and that the Administrator 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 the administrator does not 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 Next Generation TS, has authority to agree to anything different than my foregoing understandings of NGTS policy. I understand that the administrator is not 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 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 the administrator 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.

Account Holder Signature: _____ Date: _____