MOUNTAIN WEST IRA

RECURRING PAYMENT AUTHORIZATION LETTER

Fields marked with an * are required.

13905 W. Wainwright Dr.
Boise, ID 83713
Phone: (208) 314-2750
Fax: (208) 376-4567
Email: Maintenance@MWIRA.com

1. ACCOUNT INFORMATION

Account Holder's Name*:	Account Number*:
Asset Description/Property Address*:	**Ownership Percentage:**

Completing the below information permits MWIRA to set up ongoing recurring payments for these expenses. Payments will be issued via check and mailed regular mail. Expenses that require invoices will be paid 3 business days after receipt. Verbal Verification is required for Property Tax Payments of $3,000.00 or more. For all other payment types, Verbal Verification is required for payments of $2,000.00 or more. Recurring payments will continue until the asset is no longer held with MWIRA, or our Asset Maintenance Department is instructed to cease payments. Please email Maintenance@mwira.com with any questions.

2. PROPERTY TAXES

Payment Frequency: (Choose One) ◯ Annual Property Tax Payment ◯ Semi-Annual Property Tax Payment

IRA asset bills are paid 3 business days after receipt. Property tax payments will be issued in accordance to the bill received from the county.

3. PROPERTY INSURANCE

Payee: _____ Amount: As Invoiced First Payment Due: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Insurance premiums are paid annually, 3 business days after receipt. Payments will be issued in accordance to the invoice received.

4. HOME/PROPERTY OWNER'S ASSOCIATION

Payee: _____ Amount: _____ First Payment Due: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

MWIRA must be notified of any and all changes to HOA dues, including increased/decreased payments or mailing address changes.

5. MORTGAGE PAYMENTS

Payee: _____ Amount: _____ First Payment Due: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

6. SIGNATURE & ACKNOWLEDGEMENT

I understand that my account is self-directed and that the Administrator and/or Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to selling any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided any advice with respect to the investment set forth in this Payment Authorization Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of the title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator not the Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), 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 Mountain West IRA, Inc. or any of its licensees has authority to agree to anything different than my foregoing understandings of Mountain West IRA, Inc. policy. I understand that the administrator is not a fiduciary for my accounts 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 IRC, or any other applicable federal, state or local laws. I also understand and agree that the administrator will not be responsible to take any action should there be any default with regard to this investment.

I am directing the Administrator and/or Custodian 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 and/or Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Payment Authorization Letter is found to be illegal, invalid, void, or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force an effect. For purposes of this Payment Authorization Letter, the terms Administrator and/or Custodian include Mountain West IRA, Inc., its agents, assigns, joint ventures, licensees, franchisees, affiliates, and/or business partners. 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.

Payments will not be processed if the account has insufficient funds. If fees are being deducted from your account, the full payment amount plus applicable fees must be available before the transaction will be processed.

Signature*: _____ Date*: _____

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

RECURRING PAYMENT AUTHORIZATION LETTERS (PALs) DO NOT EXPIRE