

Expense Payment Requ	JEST
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(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

Use this form to direct Liberty Trust Company ("LTC") to pay an expense related to an asset held in your LTC account.

ACCOUNT OWNER INFORMATION:	
Legal Name:	Soc. Sec. Number:
Email Address:	Daytime Phone:
PAYMENT INFORMATION:	
Name of Investment:	
Description of Payment:	
Amount of Payment: \$	
PAYEE INFORMATION:	
Name:	Payee Phone:
Address:	
DELIVERY INSTRUCTIONS:	
☐ Send by Check, regular mail (Default)	☐ Send to Payee address above (Default)
= cond by chook, regular mail (Boldan)	
☐ Send by Check, overnight delivery (\$35 Fee)	☐ Send to the following address:
☐ Send by Check, overnight delivery (\$35 Fee) ☐ Send by Wire (\$25 Fee)	☐ Send to the following address:
☐ Send by Check, overnight delivery (\$35 Fee) ☐ Send by Wire (\$25 Fee) Wiring instructions:	Send to the following address: Name:
☐ Send by Check, overnight delivery (\$35 Fee) ☐ Send by Wire (\$25 Fee) Wiring instructions: Bank Name:	Send to the following address: Name: Address:
☐ Send by Check, overnight delivery (\$35 Fee) ☐ Send by Wire (\$25 Fee) Wiring instructions: Bank Name: ABA/Routing Number:	Send to the following address: Name: Address:
☐ Send by Check, overnight delivery (\$35 Fee) ☐ Send by Wire (\$25 Fee) Wiring instructions: Bank Name:	Send to the following address: Name: Address:
☐ Send by Check, overnight delivery (\$35 Fee) ☐ Send by Wire (\$25 Fee) Wiring instructions: Bank Name: ABA/Routing Number:	Send to the following address: Name: Address:
□ Send by Check, overnight delivery (\$35 Fee) □ Send by Wire (\$25 Fee) Wiring instructions: Bank Name: ABA/Routing Number: Account Name:	Send to the following address: Name: Address:
☐ Send by Check, overnight delivery (\$35 Fee) ☐ Send by Wire (\$25 Fee) Wiring instructions: Bank Name: ABA/Routing Number: Account Name: Account Number:	Send to the following address: Name: Address:
Send by Check, overnight delivery (\$35 Fee) Send by Wire (\$25 Fee) Wiring instructions: Bank Name: ABA/Routing Number: Account Name: Account Number: Account Address:	Send to the following address: Name: Address:
Send by Check, overnight delivery (\$35 Fee) Send by Wire (\$25 Fee) Wiring instructions: Bank Name: ABA/Routing Number: Account Name: Account Number: Account Address: AUTHORIZATION AND ACKNOWLEDGEMENT: I acknowledge that the investment identified above is held between me and Liberty Trust Company, Ltd. I further ack mate expense associated with the investment and I hereb sions of the Custodial Agreement, to send funds specified scribed above. I agree, without limitation, to indemnify, re Plus Southwest for any claims arising out of such paymer	Address: Phone: Phone: Address is to in my Custodial Account in accordance with the Custodial Agree knowledge and represent that the expense described above is a least of the payee named above as payment for the expense delease, defend and hold harmless Liberty Trust Company, Ltd., in accordance with the payee named above as payment for the expense delease, defend and hold harmless Liberty Trust Company, Ltd. and the payee named above and this direction is being provided are sufficient funds in my account and this direction is being provided in the payee in my account and this direction is being provided in the payee in my account and this direction is being provided in the payee in my account and this direction is being provided in the payee in the pa

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