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Route Code: **PU10**

## Payment and Funding Instructions (If funding an investment, use this in conjunction with our *Investment Authorization Form*)

A STOP PAYMENT CANNOT BE PLACED UNTIL 4 BUSINESS DAYS HAVE ELAPSED FROM THE ISSUANCE OF THE ORIGINAL CHECK.

### 1. Account / Payment Information

PENSCO Trust Account #

Account Holder's Name  Middle  Last  Suffix

Phone #  -  Purpose of Payment  Memo/Reference

e.g., "Membership in LLC," "Purchase Property," "Expense Payment" Escrow #, APN #, Invoice #, Policy #, Account #

Name of Investment (i.e. name of asset, LLC, LP or C-Corp)  Amount \$

### 2. Payee Information

Payee's Name

Address

City  State  Zip Code  -

### 3. Funding Instructions Select method

**VIA WIRE** (Wire instructions must be documented here, \$30 fee for wires)

Bank Name

Bank Address

City  State  Zip Code

Phone #  -

ABA/Routing #

Bank Account #

Other Instructions

**VIA CHECK** (No fee for regular mail and pick-up options, \$18 fee for overnight mail)

**Check One:**

**Pick-Up By:**   
Printed Name

Signature (upon pick-up)

**Mail Check to Payee Address** (above)

**Mail Check to:**

Name

Address

City  State  Zip Code

**Overnight Check to Above Address** (Physical Address only; Fee \$18)

### 4. Authorization Must be authorized by either the Account Holder or a Designated Representative for the Account on file with PENSCO Trust Company.

I agree to release, indemnify, defend, and hold PENSCO Trust harmless for any claims arising out of this payment. This includes, but is not limited to, claims that this payment is not prudent, proper, legal, or diversified. I also understand and agree PENSCO Trust will not be responsible to take any action should the investment noted herein become subject to default, including fraud, insolvency, bankruptcy, or other court order or legal process. These *Payment and Funding Instructions* are further subject to all terms and conditions of the account holder's Custodial Agreement with PENSCO Trust and all applicable State and Federal laws.

#### AUTHORIZED BY:

Account Holder

Account's Designated Representative

Printed Name of Authorizing Party

Signature (Required)

Date

#### For Office Use Only:

Asset ID:  Tran Code:  FW Officer:   Additional Inv.  Overnight

Processed By  Notes:  Date