



Regular Mail P.O. Box 26903, San Francisco, CA 94126 6903
Overnight 450 Sansome Street, 14th Floor, San Francisco, CA 94111 3306
www.PENSCOTrust.com T 800 969 4472 F 415 956 3016

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

Account Holder's First Name: [Redacted] Middle Last: [Redacted] Suffix: [Redacted]

Phone #: [Redacted] Purpose of Payment: Purchase Mortgage Memo/Reference: [Redacted]

Name of Investment (i.e. name of asset, LLC, LP or C-Corp): Mortgage From [Redacted] Amount \$: 60,000

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

2. Payee Information

Payee's Name: CLAND M, INC.

Address: 15 NORTHVIEW DRIVE

City: MEREDITH State: N.H. Zip Code: 03253

3. Funding Instructions Select method

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

Bank Name: CITIZENS BANK - NH 419

Bank Address: 66 NH ROUTE 25

City: MEREDITH State: NH Zip Code: 03253

Phone #: 603 279 3521

ABA/Routing #: [Redacted]

Bank Account #: [Redacted]

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: [Redacted]

Signature (Required): [Redacted]

Date: 5/18/2008

For Office Use Only:

Asset ID: _____ Tran Code: _____

Processed By: _____ Notes: _____

Exhibit to: _____

Overnight

Date: _____