

Online Expense Payment

Columbia Private Trust offers a quick and easy online way to pay expenses related to the investment held in your retirement account through ColumbiaPrivateTrust.com. The following information will be requested:

- The account and investment the expense is related to
- The type of expense (water bill, home repair, management fee, etc.)
- The payee information and the dollar amount to be paid based on your percentage of ownership. (For example: If your account owns 50% of the property and the bill is for \$1,000.00, you would enter \$500.00)
- Supporting documentation (scanned copy of the bill, breakdown from the Property Manager or Asset Sponsor, etc.)

REGISTER FOR ONLINE ACCESS

To establish online access for your Columbia Private Trust account(s), visit ColumbiaPrivateTrust.com and click **Client Login** in the top right-hand corner of the window. Once you complete a quick, one-time registration process, you will have immediate online access to your account(s).



Expense Payment Form

IMPORTANT INFORMATION

Use this form when requesting that Columbia Private Trust pay a one-time or recurring expense with funds from your Columbia Private Trust account. Please include supporting documents (e.g. bill, invoice, etc.) when submitting this form to Columbia Private Trust. Requests to send funds to the Property Manager or Asset Sponsor of record requires a breakdown of how these funds will be used. Columbia Private Trust reserves the right to require supporting documentation for any request.

1. ACCOUNT & INVESTMENT INFORMATION

NAME (FIRST, MI, LAST)

2. PARTICIPANT INFORMATION

COLUMBIA PRIVATE TRUST ACCOUNT NO.

HOME PHONE NO.

NAME OF INVESTMENT

PERCENTAGE OF OWNERSHIP

%

NOTE: Name of Investment – name of asset if LLC, LP or C-Corp, property description of real estate, or borrower’s name if a note.

3. PAYMENT INFORMATION

AMOUNT

\$

MEMO/REFERENCE (ESCROW NO., ACCOUNT NO., ETC.)

PURPOSE OF PAYMENT (“TAX PAYMENT,” “INSURANCE PAYMENT,” “HOA FEES,” “MANAGEMENT FEES,” ETC.)

PAYEE’S NAME (TO WHOM YOU WANT COLUMBIA PRIVATE TRUST TO MAKE THE PAYMENT)

C/O (IF APPLICABLE)

PHYSICAL ADDRESS (MUST BE A PHYSICAL ADDRESS IF YOU WANT COLUMBIA PRIVATE TRUST TO OVERNIGHT A CHECK AND/OR ANY SIGNED DOCUMENTS)

CITY

STATE/PROVINCE

POSTAL CODE

For Overnight Paperwork Delivery:

Charge my account (please refer to your Fee Schedule)

4. REQUEST TO SETUP AUTOMATIC PAYMENT/REMITTANCE (IF APPLICABLE)

* Indicates required information.

FREQUENCY:* Monthly Quarterly

Day of the month to be paid:* _____ **Date to begin payment:*** _____ **Date to end payment:*** _____

The start date cannot be the 29th, 30th, or 31st of the month.

Please ensure sufficient funds are available on the desired payment date. Payment will not be processed if sufficient funds are not available and will not be processed until the following payment date. Account holder is responsible for monitoring expense payment activity and provide notification if recurring payment needs to be modified. Cancellation of a recurring payment must be submitted in writing. **A scheduled remittance cannot be setup for taxes and insurance.** Entire section must be completed in order to setup an automatic remittance.



5. OTHER PAYMENT INSTRUCTIONS (IF REQUESTING ELECTRONIC FUNDS)

Select one method. (Please refer to your current Fee Schedule for applicable fees.)

NOTE: ACH instructions may be different than wire instructions. Please contact your bank to verify.

Wire ACH

BANK NAME	ABA NO.
BANK ACCOUNT NAME	BANK ACCOUNT NO.
BANK PHONE NO.	OTHER INSTRUCTIONS

For Overnight Signed Paperwork to the Payee:

Charge my account (please refer to your Fee Schedule)

6. ACKNOWLEDGMENT & SIGNATURE

I agree to release, indemnify, defend, and hold Columbia Private Trust and its related entities (hereafter "Columbia Private 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 Columbia Private Trust will not be required to take any action should the investment noted herein becomes subject to default, or loss due to fraud, insolvency, bankruptcy, or other court order or legal process. This payment is further subject to all terms and conditions of the account owner's Custodial Agreement within Columbia Private Trust and all applicable State and Federal laws. I understand the prohibited transaction rules and I attest that this request does not cause a prohibited transaction.

NAME OF AUTHORIZING PARTY (PRINTED)

AUTHORIZED PARTY SIGNATURE (REQUIRED)

DATE

NOTE: The person signing this form must be an authorized party for the account on file with Columbia Private Trust.

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NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Upload forms to:
ColumbiaPrivateTrust.com/Upload

Fax to: 303.614.7032

Send mail to:
FIS-Processing Center
Attn: Columbia Private Trust
P.O. BOX 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238

