



DIRECTION FOR INTEREST INCOME & RETURN OF CAPITAL FORM

www.stadiacapitalgroup.com | 1-800-893-6184 (inside the U.S.)

When to use this form:

- To provide Stadia Capital with your direction for payment of interest income & return of capital upon maturity.

1 Account Owner Information

Owner #1 Name _____

Owner #2 Name (if applicable) _____

2 Select Where Stadia Capital Should Send Payments

- Please make ACH direct deposits to the following account:

Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
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Financial Institution _____

Account Holder Name _____

ABA (Bank Routing Number) _____

Account Number _____

- Please mail payments to the following address:

Payee Name _____

Payee Address _____

3 Account Authorization

Account Owner #1 Signature

Today's Date (mm/dd/yyyy)

Account Owner #2 Signature (if applicable)

Today's Date (mm/dd/yyyy)