

Please select your investment maturity preferences.

When to use this form:

- To Provide Stadia Capital with your intended maturity instructions.

1 Account Owner Information

Owner #1 Name _____

Owner #2 Name (if applicable) _____

2 Your Investment Instructions

Please rollover the original investment in the amount of \$ _____

Investment Term: 24 Months 36 Months 48 Months

APY Rate: _____

Please rollover the original investment and add the amount of \$ _____

<input type="checkbox"/> Wire Funds	<input type="checkbox"/> Check enclosed
Stadia Capital Group, LLC	Stadia Capital Group, LLC
First Hawaiian Bank	P.O. Box 437260
P.O. Box 3200, Honolulu, HI 96847	Kamuela, HI 96743
ABA # 121301015	
Account # 04118383	

Please redeem the original investment in the amount of \$ _____

Use payment instructions on file (same method as your interest payments)

Submit a new [Direction for Interest Income and Return of Capital form](#)

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)