MATURITY DIRECTION FORM

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

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 $ _____

☐ Wire Funds

Call or email for wire instructions.

☐ Check enclosed

Stadia Capital Group, LLC
P.O. Box 437260
Kamuela, HI 96743

☐ 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*) _____

EMAIL & MAILING OPTIONS: admin@stadiacapitalgroup.com
P.O. BOX 4710, El Dorado Hills, CA 95762-9998
P.O. BOX 437260, Kamuela, HI 96743-7260