



MATURITY DIRECTION FORM

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

When to use this form:

- To Provide Stadia Capital Group, LLC with your maturity instructions.

1 Account Information

Account Owner #1 Name (First & Last) _____

Account Owner #2 Name (if applicable) _____

Principal: \$ _____ APY: _____ Maturity Date: _____

2 Your Investment Instructions

- ROLLOVER 100% of the principal
- ROLLOVER 100% & INCREASE by the amount of: \$ _____
- Preferred Term: 24 Months 36 Months 48 Months 60 Months
- WIRE** Funds: call or email for wire instructions, or
- MAIL** Check Payable To: Stadia Capital Group, LLC PO Box 437260, Kamuela, HI 96743
- REDEEM a portion and ROLLOVER the remainder
- REDEEM** a portion, in the amount of: \$ _____
- REDEEM using the same method as the monthly interest payments
- REDEEM using a different method – submit: [Direction for Interest Income and Return of Capital form](#)
- ROLLOVER** the remainder, in the amount of: \$ _____
- Preferred Term: 24 Months 36 Months 48 Months 60 Months
- REDEEM 100% of the principal
- REDEEM using the same method as the monthly interest payments
- REDEEM using a different method – submit: [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