



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/Trust Name _____

Account Owner #2 (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 original direction form

REDEEM using a different method – submit: [Return of Interest & Principal 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 original direction form

REDEEM using a different method – submit: [Return of Interest & Principal form](#)

3 Account Authorization

Account Owner/Trustee #1 Signature

Today's Date (mm/dd/yyyy)

Account Owner/Trustee #2 Signature (optional)

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