

2001 Spring Road, Suite 700 Oak Brook, IL 60523 800.618.6177 Telephone 630.472.5969 Fax www.mtrustcompany.com

UBTI FILING AND PAYMENT DIRECTION

This form should be used to direct Millennium Trust Company ("Millennium") to file and/or make a Federal and/or State Unrelated Business Taxable Income ("UBTI") payment related to an investment held in your Millennium account ("Account"). The Account Owner must submit this form to Millennium along with the completed IRS Form 990-T and any applicable State tax filings in order to file the return and make any necessary tax payments directly from your Account. A separate form must be submitted for each tax year filing.

Please print after completion. For assistance with this form or procedure, please contact a Client Service Specialist at 800.618.6177. (Hours: Monday - Friday, 8:00 am to 4:30 pm Central time.)

Important Information Regarding Tax Identification Numbers ("TIN"):

- Prior to submitting the Form 990-T and requesting the payment of taxes, please verify that you are using the correct Employer Identification Number ("EIN").
- Form 990-T tax payments and filings are **not** to be filed under Millennium's TIN, the Account Owner's social security number, or the Investment Sponsor's TIN. Please refer to IRS publication "Instructions for Form 990-T" for guidelines.
- Proper registration for both the tax return and the TIN is as follows:

(Insert Account Owner's Name) (Account type - i.e. IRA, SEP IRA, etc.) c/o Millennium Trust Company, LLC 2001 Spring Road, Suite 700 Oak Brook, IL 60523

| A Account Owner's Information | | | | | | | |
|--|---|--|--|--------------------|-----------------|---|--|
| | Account Owner's Name: | | | | | | |
| | Millennium Account No.: | | | Primary Phone No.: | | | |
| | E-mail Address: | | | | | | |
| | Payment is being made on behalf of the following investment(s) held in my Millennium account: | | | | | | |
| | | | | | | | |
| B Filing Options | j | | | | | | |
| | must | | | | | ederal and/or State. All Federal payments \$30 fee. All state payment are processed by | |
| Select all that apply: | ► I di | I direct Millennium to file Form 990-T for □ Federal □ State | | | | | |
| | Fili | ng for Tax Year: | | Tax Io | dentification I | Number: | |
| | | Make Federal Payment - An | | | n to the Depar | tment of the Treasury. | |
| Please include the state tax payment coupon. | ▶ □ | Make State Payment - Amount \$ | | | | | |
| | | State Government Agency Payee Name: | | | | | |
| | | Address: | | | | | |
| | | I am receiving a refund for | | Federal | Amount \$ | | |
| | | | | State | Amount \$ | | |
| | | | | | | | |

Please continue to page two to complete this form.



| C Estimated Pay | ments without UBTI F | iling | | | | |
|---|---|--|--|--|--|--|
| | For Tax Year: | One-Time Estimated Federal Payment Amount \$ | | | | |
| | | One-Time Estimated State Payment Amount \$ | | | | |
| | | One-Time Extension Payment Amount \$ | | | | |
| | Quarterly payments: | | | | | |
| | ☐ By checking this box, I direct Millennium to make the estimated payment amount below from my Account on a quarterly payment schedule for the year stated. The payments are deducted on the 1st of the following months - April, July, Oct and the last in December. | | | | | |
| | For Tax Year: | ☐ Federal Payment Amount \$ | | | | |
| Please include the state tax payment coupon. | • | ☐ State Payment Amount \$ | | | | |
| Tax Agent/Pre | eparer Designation an | d Payment Direction | | | | |
| | I hereby designate the follo | wing individual as my Tax Agent/Preparer. | | | | |
| Invoice generated by the Tax Agent/ | Tax Agent/Preparer Name: | | | | | |
| | | By checking this box, I authorize Millennium to share my Account information with my Tax Agent Preparer as needed for my Form 990-T filing. | | | | |
| Preparer must be submitted with this form. | from my Account to r Payment will be made | By checking this box, I direct Millennium to pay the amount indicated on the enclosed invoice directly from my Account to my Tax Agent/Preparer for services related to the preparation of the Form 990-T Payment will be made by check to the name and address referenced on the invoice. (This option is only applicable if a payment is to be made for Form 990-T preparation from an account with Millennium.) | | | | |
| E Account Own | er's Acknowledgemer | t and Signature | | | | |
| | | ium to execute the UBTI related tax filings and/or payments on behalf of the doing so hereby make the following representations: | | | | |
| and I certify that responsibility to ob important tax info 990-T is required t | all information provided or otain the Schedule K1 (Form rmation with my attorney, to be filed and direct Millenn ing the Schedule K1 itself, I v | initor investments for UBTI. I am fully responsible for the tax return preparation my tax return is true and accurate to the best of my knowledge. It is my 1065) from my Investment Sponsor. I am solely responsible for reviewing this ax advisor, or other investment consultant to determine whether the IRS Formium to submit tax payments from my account on such income. For questions owill contact the Investment Sponsor directly. Millennium has not provided me with | | | | |
| the Form 990-T wi | ith the IRS on behalf of my A | Payment Direction form from the Account Owner, Millennium will sign and file account. I understand that I must allow sufficient time for Millennium to process insible for late filings caused by errors or delays. | | | | |
| 3. My Account will be responsible for ma | e debited all processing fees | associated with my Form 990-T filings and/or the payments directed herein. I am my Account are available. If funds are not available for the tax payment, the | | | | |
| | count in order to raise the | nit Millennium's Private Placement Sale Direction if it is necessary to sell an asse funds. Proceeds from the sale are to be sent by wire directly to Millennium and | | | | |
| | · · | lillennium's Deposit Form along with a contribution. | | | | |
| | · | nium's Transfer Authorization form to transfer funds in from another existing IRA | | | | |
| resulting from or an subject of the inve | rising out of: (i) the executior stment action directed herei | less from and against any and all loss, cost, liability, including taxes and penaltie of the transaction directed herein; and/or (ii) holding the investment which is the as an investment of my Account. I acknowledge that I have received, read and cluding the Custodial Agreement and Disclosure Statements for my Account. | | | | |
| certify that I have caref | fully read and agree to the di | rection, terms and requirements represented herein. | | | | |
| | | | | | | |
| Account Owner's Signat | ture: | Date: | | | | |

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