

**RELIANT LIFE SHARES, LLC**  
**Application for Installment Payment Plan**

**Guidelines for completing the Installment Plan Application Form:**

- All required fields must be completed. Incomplete forms will be **rejected and destroyed**.
- Sign and date the form. Unsigned forms will be **rejected and destroyed**.
- **A list of the Invoice Number(s)** related to your request **MUST** be submitted with the form. **DO NOT SEND COPIES OF YOUR INVOICES.**
- **Applications should not be submitted for regular quarterly invoices. Installment payment plans apply only to Amounts Due in Arrears.**
- Forms submitted without a list of related invoices will be **rejected and destroyed**.
- If you have more than one Account for which the Balance Due is eligible, you must submit one form for each Account. **(NOTE: Accounts are NOT Positions held in an account. Please DO NOT submit a form for each Position).**
- Select the correct installment payment schedule based on the total Balance Due of all Invoices included in your list.
- **DO NOT** select more than one installment schedule.
- A Payment Schedule will be sent to you when your plan is set up and activated.
- Your first payment will be charged to your credit or debit card when your plan is activated. **DO NOT pay any invoice on your list once you have submitted your Application.**
- Invoices will be issued by the Accounting Platform, but **DO NOT** pay them. They are for your records.
- Subsequent invoices will be issued each month for the remaining number of installments due according to your Payment Schedule.
- Payments for non-IRA/Qualified Plan accounts can be made by **debit or credit card ONLY**.
- The Payment Gateway **DOES NOT ACCEPT** American Express or Discover Card. VISA and MasterCard are accepted.
- Your “Reliant Account Title” appears above your address on every Invoice. You must include your complete Account Title on your Application.
- **If you want your IRA custodian or Qualified Plan trustee to make payment on behalf of your Account, it is your responsibility to send them a copy of the installment payment invoices and direct them to remit payment. If they do not remit payment on time, your Positions could be forfeited.**
- When your plan is set up, you will be notified by email, based on the email address in the Customer Portal.

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- **DO NOT USE THIS FORM TO CHANGE YOUR ADDRESS, PHONE OR EMAIL ADDRESS.**
- **The Annual Account Administration Invoice IS NOT ELIGIBLE to be included in your list of Invoices.**
- **You may pay the Annual Account Administration Invoice BEFORE submitting your application, BUT NOT AFTER.** Once you submit your Application DO NOT MAKE ANY PAYMENTS.
- **If you do not pay your Annual Account Administration Invoice before submitting your Application, your first payment only will include the amount of this Invoice (\$500).**
- **DO NOT SEND photographs of your application.** If you do not have a scanner, you may mail or FAX your Application and list of Invoices to:

If my MAIL:

Reliant Life Shares, LLC  
c/o Force 10 Partners, LLC  
5271 California Ave Ste 270  
Irvine CA 92617

If by FAX: 470-241-1190

If by EMAIL: [support@reliantlifeshares.com](mailto:support@reliantlifeshares.com)

- **PLEASE DO NOT CALL, FAX OR EMAIL TO ASK IF YOUR APPLICATION HAS BEEN RECEIVED. APPLICATIONS ARE PROCESSED IN THE ORDER RECEIVED AND EACH PLAN MUST BE SETUP MANUALLY. ASSUMING YOUR APPLICATION WAS SUBMITTED BEFORE THE DUE DATE, YOU SHOULD WAIT FOR CONFIRMATION. THE VOLUME OF SUBMITTED APPLICATIONS CAN CAUSE SIGNIFICANT DELAYS IN PROCESSING.**

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This form is to be used if the total amount you owe for all invoices labeled **Amounts Due in Arrears for PREMIUMS ONLY** is \$1,000.00 or more. Once the plan is setup and activated, the first payment only will include an additional \$50.00 one-time setup fee, and the Annual Account Administration fee if that Invoice was not paid before your Application was submitted. In addition, a \$25 monthly payment processing fee will be added to each monthly installment invoice. **THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED NO LATER THAN FIVE (5) BUSINESS DAYS PRIOR TO THE DUE DATE OF THE RELATED INVOICES LISTED AND ATTACHED TO THIS APPLICATION FORM.**

Reliant Account Title: \_\_\_\_\_

Reliant Client ID: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

CVV Code: \_\_\_\_\_

Invoice Number(s): \_\_\_\_\_

**Mark Only One Option Below:**

\_\_\_\_\_ The total balance due is between \$1,000 and \$1,499.99 and may be paid in six (6) equal monthly installments, with the first payment due by the due date on the invoice number entered above and the remainder of the payments billed monthly to the credit or debit card listed on this form until paid in full.

\_\_\_\_\_ The total balance due is between \$1,500 and \$4,999.99 and may be paid in twelve (12) equal monthly installments, with the first payment due by the due date on the invoice number above and the remainder of the payments billed monthly to the credit or debit card listed on this form until paid in full.

\_\_\_\_\_ The total balance due is \$5,000 or more and may be paid in eighteen (18) equal monthly installments, with the first payment due by the due date on the invoice number above and the remainder of the payments billed monthly to the credit or debit card listed on this form until paid in full.

**By signing below, you authorize ISC Holdings, LLC dba ISC Services, Reliant Life Shares, LLC to invoice creditors, to set up recurring invoices in the Payment Gateway (Stripe) and/or charge your credit or debit card listed above for monthly installments until amounts due are paid in full.**

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Note:** If any monthly installment payment is rejected by your card issuer, it may result in forfeiture of the Position(s) to which the payment relates. A per installment payment fee of \$25 will be added to each installment payment due.