

E. Original schedule
of payments (check)

| | | | |
|---|-------------|-------------------------------------|-------------------------------------|
| 1 | Monthly | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | Quarterly | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Semi-annual | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Annual | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | None | <input type="checkbox"/> | <input type="checkbox"/> |

(Do not write below this line)

[illegible]