

GENERAL INVESTMENT AUTHORIZATION FORM

Use this form to complete the following types of investments from your retirement account: Mobile Homes, Annuities, Working Interest in Oil and Gas, Structured Settlements, Lease Agreements, Options, Land Contracts, and Equipment Leasings.



1. ACCOUNT HOLDER INFORMATION

ACCOUNT OWNER'S NAME	IPLANGROUP ACCOUNT NUMBER
EMAIL ADDRESS	PHONE NUMBER

2. INVESTMENT INFORMATION

DESCRIPTION OF INVESTMENT	AMOUNT OF INVESTMENT \$
PLEASE CHECK ONE OPTION <input type="checkbox"/> NEW PURCHASE <input type="checkbox"/> ADDITION TO EXISTING ASSET	PERCENTAGE OF ASSET TO BE OWNED BY YOUR IRA %

3. TYPE OF INVESTMENT (PLEASE SELECT ONE OPTION)

<input type="checkbox"/> MOBILE HOME	VEHICLE IDENTIFICATION # (VIN)	MAKE	MODEL	YEAR
<input type="checkbox"/> STRUCTURED SETTLEMENT	ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> LAND CONTRACT	ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> OPTION	ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> ANNUITY	ANNUITY TYPE	ANNUITY PROVIDER		
<input type="checkbox"/> LEASE AGREEMENT	LEASE TYPE			
<input type="checkbox"/> OIL & GAS VENTURE	NAME OF VENTURE	INTEREST IN VENTURE		%
<input type="checkbox"/> OTHER	DESCRIPTION OF INVESTMENT			

4. INVESTMENT CONTACT INFORMATION

CONTACT PERSON NAME	
EMAIL ADDRESS	PHONE NUMBER

5. FUNDING INSTRUCTIONS (PLEASE SELECT ONE OPTION)

FUND VIA CHECK

REGULAR CHECK

CASHIER'S CHECK (\$30 FEE)

PLEASE NOTE, CASHIERS CHECKS MUST BE SENT VIA A TRACKABLE SHIPPING METHOD, SUCH AS OVERNIGHT MAIL.

IF REQUESTING A WIRE, PLEASE MOVE TO THE NEXT PAGE

MAKE CHECK PAYABLE TO	MAIL CHECK TO	INFORMATION TO BE REFERENCED	
STREET ADDRESS	CITY	STATE	ZIP CODE

DELIVERY OPTIONS

REGULAR MAIL

OVERNIGHT MAIL (\$10 + COST)

PICKUP AT IPLANGROUP LOCATION

THIRD PARTY UPS ACCOUNT # _____

THIRD PARTY FEDEX ACCOUNT # _____

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5. FUNDING INSTRUCTIONS (CONTINUED)

FUND VIA WIRE (\$30 FEE) IF SENDING AN INTERNATIONAL WIRE, CHECK THIS BOX AND COMPLETE/ATTACH INTERNATIONAL WIRE INSTRUCTION FORM

BANK NAME	STATE	ZIP CODE	BANK PHONE NUMBER
ABA ROUTING NUMBER	ACCOUNT NUMBER	FOR CREDIT TO (ACCOUNT NAME)	
FOR FURTHER CREDIT TO (NOT REQ.)	FOR FURTHER CREDIT ACCOUNT NUMBER	INFORMATION TO BE REFERENCED	

6. PAYMENT OF FEES (IF APPLICABLE)

DEBIT FEES FROM MY ACCOUNT CHECK ENCLOSED CHARGE NEW CREDIT CARD*

*If selecting the Charge Credit Card option, you must complete, sign and attach the Credit Card Charge Form along with this form. A Credit Card Processing Fee of 3% will be assessed on each credit card transaction.

7. DOCUMENTS REQUIRING SIGNATURE

PLEASE LIST ALL DOCUMENTS RELATING TO THE INVESTMENT WHICH WILL REQUIRE A SIGNATURE FROM IPLANGROUP.
REFER TO THE ORIGINAL NOTE AND/OR RECORDED MORTGAGE/DEED OF TRUST FOR PROPER TITLING OF THE LEGALIZED DOCUMENTS STATED IN THIS SECTION.

1.	3.
2.	4.

8. DOCUMENT DELIVERY INSTRUCTIONS (IF APPLICABLE)

PLEASE INDICATE BELOW HOW YOU WOULD LIKE THE ABOVE REFERENCED DOCUMENTS TO BE DELIVERED, ONCE SIGNED BY IPLANGROUP.

SEND BY MAIL REGULAR MAIL OUTSIDE UPS ACCOUNT # _____
 OVERNIGHT MAIL (\$10 Fee + cost) OUTSIDE FEDEX ACCOUNT # _____

MAIL TO	ATTENTION	INFORMATION TO BE REFERENCED	
ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> SEND BY FAX <input type="checkbox"/> SEND BY EMAIL			
FAX NUMBER	NAME / ATTENTION	INFORMATION TO BE REFERENCED	
EMAIL ADDRESS	NAME / ATTENTION	INFORMATION TO BE REFERENCED	

By signing this form, I agree to the following: I understand that my account is Self-Directed, and I am instructing IRA Plan Partners, LLC DBA iPlanGroup (hereafter "iPlanGroup" or "administrator") to complete the transaction as instructed by me via this form. As the account owner, I am solely responsible for my Self-Directed individual retirement account arrangement. I take full accountability to evaluate all aspects of my retirement account. I have personally instructed iPlanGroup to purchase, sell, receive payments, receive proceeds and/or pay associated expenses (if applicable) related to any and all assets within my account. I understand that it is my responsibility to conduct all due diligence including but not limited to, county/state search for title validation, any and all investigation that would be necessary to determine the safety of the investment holdings, along with ensuring that the asset holding is not in violation with the IRS rules and regulations, along with any other rules and regulations governing my retirement account. I agree to indemnify and hold harmless administrator and/or custodian along with their respective officers, directors, shareholders and employees against any liability related to the administration of my account including but not limited to all claims, liabilities, causes of action, losses, expenses, any court costs, and attorney's fees which may be connected to any asset holding. Additionally, I agree to the Custodial Account Agreement and Disclosures as signed on my account application.

SIGN AND DATE - By signing below you are indicating that you have read and understand the attached pages.

X

ACCOUNT HOLDER SIGNATURE

DATE