

TAX LIEN INVESTMENT AUTHORIZATION FORM
USE THIS FORM TO PURCHASE TAX LIENS WITH YOUR SELF DIRECTED IRA WITH IPLANGROUP

Questions? Our representatives are available to assist you at 855-604-7526.



1. ACCOUNT HOLDER INFORMATION

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

2. TAX LIEN AUCTION INFORMATION

COUNTY	STATE	DATE OF AUCTION
--------	-------	-----------------

3. TAX LIEN INFORMATION

TOTAL AMOUNT OF FUNDS NEEDED: \$ _____ NUMBER OF CHECKS NEEDED: _____
 IF MORE THAN ONE CHECK IS NEEDED, PLEASE ENTER EACH DOLLAR AMOUNT BELOW:

1.	3.
2.	4.

4. 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.

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 # _____

FUND VIA WIRE (\$30 FEE)

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

5. PAYMENT OF FEES - IF APPLICABLE

DEBIT FEES FROM MY ACCOUNT CHECK ENCLOSED CHARGE CREDIT CARD*

*If selecting the charge credit card option, you must complete, sign and attach the Credit Card Authorization Form along with this form. A Credit Card Processing Fee of 3.0% will be assessed on each credit card transaction.

TAX LIEN INVESTMENT AUTHORIZATION FORM
USE THIS FORM TO PURCHASE TAX LIENS WITH YOUR SELF DIRECTED IRA
WITH IPLANGROUP

Questions? Our representatives are available to assist you at 855-604-7526.



6. ASSET TITLING INSTRUCTIONS

Asset Titling: iPlanGroup Agent for Custodian FBO *Your Name (As it appears on account)* IRA

Address: iPlanGroup, 28011 Clemens Road Suite B, Westlake Ohio 44145

iPlanGroup Tax ID #: 46-4246162

7. FORM SUBMISSION INSTRUCTIONS

BY FAX:

440-815-2214 ATTN: INVESTMENTS

BY REGULAR MAIL/OVERNIGHT DELIVERY:

28011 CLEMENS ROAD SUITE B, WESTLAKE OHIO 44145

BY EMAIL:

INVEST@IPLANGROUP.COM

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

ACCOUNT HOLDER PRINTED NAME