

THIRD PARTY BROKERAGE DEPOSIT/ROI FORM

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



FROM iPlanGroup TO Self Directed TD Ameritrade Brokerage Account:

ACCOUNT OWNER NAME	IPLANGROUP ACCOUNT NUMBER
ASSET REFERENCE NUMBER	TD AMERITRADE ACCOUNT NUMBER

AMOUNT REQUESTED*: \$ _____ *\$500.00 Minimum

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. By signing below, I authorize iPlanGroup to deposit the funds in the manner instructed.

SIGN AND DATE - By signing below you are indicating that you have read, and understand the information stated above.

X

ACCOUNT HOLDER SIGNATURE _____ DATE _____

TO iPlanGroup FROM Self Directed TD Ameritrade Brokerage Account:

ACCOUNT OWNER NAME	IPLANGROUP ACCOUNT NUMBER
ASSET REFERENCE NUMBER	TD AMERITRADE ACCOUNT NUMBER

AMOUNT REQUESTED: \$ _____

FUNDING INSTRUCTIONS:

REGULAR CHECK; REGULAR MAIL* (No Fee)
MAKE CHECKS PAYABLE TO: iPlanGroup FBO (Your Name)
MAIL TO: iPlanGroup
28011 Clemens Road
Westlake, Ohio 44145

*REGULAR CHECKS TAKE APPROXIMATELY 5 BUSINESS DAYS TO BE RECEIVED BY IPLANGROUP. FUNDS AVAILABILITY: ONCE IPLANGROUP HAS RECEIVED THE CHECK, A 5 DAY BUSINESS HOLD WILL BE PLACED ON FUNDS IN ORDER FOR CHECK TO CLEAR.

WIRE- (\$30 FEE)
WIRE INSTRUCTIONS:
Key Bank

ABA# 041001039
Account Number: 359681389193

FOR CREDIT TO:
For Credit To:
IRA Plan Partners LLC - Client Funds

MUST REFERENCE:
Account Owner Name
Account Number
Account Type

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