

PROMISSORY NOTE SATISFACTION AUTHORIZATION



Use this form if you are selling or receiving a full or partial payoff of your promissory note.

1. ACCOUNT HOLDER INFORMATION

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

2. NOTE INFORMATION

BORROWER'S NAME	ORIGINAL LOAN AMOUNT	ORIGINAL PERCENTAGE OF OWNERSHIP
COLLATERAL DESCRIPTION	ASSET REFERENCE NUMBER (ARN)	
WILL THERE BE A REPLACEMENT? YES NO IF YES, GIVE A BRIEF DESCRIPTION: _____		

3. TYPE OF SATISFACTION

<input type="checkbox"/> FULL SATISFACTION OF NOTE IF YOU CHOOSE THIS OPTION, THIS ASSET WILL BE REMOVED FROM YOUR ACCOUNT.	
EXPECTED PAYOFF DATE	APPROXIMATE CASH TO BE RECEIVED
<input type="checkbox"/> PARTIAL SATISFACTION OF NOTE IF YOU CHOOSE THIS OPTION, ONLY THE VALUE OF THE ASSET WILL BE ADJUSTED. THE ASSET WILL NOT BE REMOVED FROM YOUR ACCOUNT UNTIL FULL SALE OF THE ASSET OCCURS.	
EXPECTED PAYOFF DATE	APPROXIMATE CASH TO BE RECEIVED
NEW ASSET VALUE	PROVIDE A BRIEF DESCRIPTION OF THE REMAINING ASSET
PLEASE SELECT HOW PAYOFF WILL BE RECEIVED: <input type="checkbox"/> CHECK <input type="checkbox"/> WIRE <input type="checkbox"/> ACH	

4. 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 Charge Form along with this form. A Credit Card Processing Fee of 3% will be assessed on each credit card transaction.

5. RETURN OF SAFEKEEPING DOCUMENTS

IF IPLANGROUP HOLDS ANY DOCUMENTS FOR THIS ASSET WITHIN YOUR CLIENT FILE, HOW WOULD YOU LIKE IPLANGROUP TO RETURN THIS DOCUMENTATION?

REGULAR MAIL PRIORITY MAIL (\$10 Fee + cost) OVERNIGHT MAIL (\$10 Fee + cost)

MAIL TO	ATTENTION	INFORMATION TO BE REFERENCED	
ADDRESS	CITY	STATE	ZIP CODE

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6. DOCUMENTS REQUIRING SIGNATURE

LIST THE TITLE(S) OR NAME(S) OF THE DOCUMENT(S) THAT REQUIRE SIGNING BY 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.

7. DOCUMENT DELIVERY INSTRUCTIONS - IF APPLICABLE

PLEASE INDICATE BELOW HOW YOU WOULD LIKE THE ABOVE REFERENCED DOCUMENTS TO BE DELIVERED, ONCE SIGNED BY IPLANGROUP.			
<input type="checkbox"/> SEND BY MAIL	<input type="checkbox"/> REGULAR MAIL	<input type="checkbox"/> OUTSIDE UPS ACCOUNT # _____	
	<input type="checkbox"/> OVERNIGHT MAIL (\$10 Fee + cost)	<input type="checkbox"/> 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.

ACCOUNT HOLDER SIGNATURE		
X	PRINT NAME	DATE