

# REAL ESTATE SALE AUTHORIZATION

Use this form if you are partially or fully selling your real estate.



**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. REAL ESTATE INFORMATION

PROPERTY ADDRESS	APN OR LOT/BLOCK NUMBER	
ORIGINAL PERCENTAGE OF OWNERSHIP	ORIGINAL PURCHASE PRICE	ASSET REFERENCE NUMBER (ARN)
WILL THERE BE A REPLACEMENT? YES    NO IF YES, GIVE A BRIEF DESCRIPTION: _____		
If you are replacing real property with a note and mortgage, please complete a Promissory Note Authorization form in addition to this form. If you are replacing real property with an entity, please complete an Entity Authorization form in addition to this form.		

## 3. TYPE OF SALE (CHECK ONE OPTION)

<input type="checkbox"/> <b>FULL SALE OF REAL ESTATE</b> IF YOU CHOOSE THIS OPTION, THIS ASSET WILL BE REMOVED FROM YOUR ACCOUNT.		
EXPECTED CLOSING DATE	APPROXIMATE CASH TO BE RECEIVED	
<input type="checkbox"/> <b>PARTIAL SALE OF REAL ESTATE</b> 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 CLOSING DATE	APPROXIMATE CASH TO BE RECEIVED	
NEW ASSET VALUE	PROVIDE A BRIEF DESCRIPTION OF THE REMAINING ASSET	
<b>PLEASE SELECT HOW PROCEEDS WILL BE RECEIVED:</b> <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

# REAL ESTATE SALE DIRECTION OF INVESTMENT

Use this form if you are partially or fully selling your real estate.



# iPlanGroup

RETIREMENT DRIVEN BY YOU

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## 6. DOCUMENTS REQUIRING SIGNATURE

PLEASE LIST ALL DOCUMENTS RELATING TO THE INVESTMENT WHICH WILL REQUIRE A SIGNATURE FROM IPLANGROUP.	
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.

<b>ACCOUNT HOLDER SIGNATURE</b>		
<b>X</b>	PRINT NAME	DATE