

# TAX LIEN ASSIGNMENT INVESTMENT AUTHORIZATION FORM



Use this form if your iPlanGroup Account is being assigned existing tax liens in which your account is purchasing via an individual or auction.

## 1. ACCOUNT INFORMATION

Account Owner Name		iPlanGroup Account Number					
Preferred Daytime Phone Number		Preferred Daytime Email Address					

## 2. TAX LIEN ASSIGNMENT INFORMATION

Assignor Company Name	Assignor Representative Name	Assignment Date
<b>A. Total Purchase Price</b> (of Liens Only)	<b>B. Total Transaction Fees</b> (From Assignor Company)	<b>C. Total Amount Owed to Assignor</b> (A + B)
\$	\$	\$

## 3. TAX LIEN CERTIFICATE INFORMATION

Complete this section to match the information that is typically listed on your Tax Lien Schedule (Exhibit A) or Certificate List:

- See Attachment**  
 (Please skip to Section 4)
- See Information Below**  
 (Please complete information below)

Certificate Number	Parcel ID Number	State	County	Purchase Price
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
<b>Total Purchase Price:</b> (Should match Total Purchase Price in Section 2)				\$

**4. FUNDING INSTRUCTIONS**

How would you like funds sent – via regular check, cashier’s check or wire?

- A) REGULAR CHECK**                       **B) CASHIER’S CHECK** (\$30 Fee)                       **C) WIRE** (\$30 Fee)

- *Must be sent via Overnight Mail (\$10 + Cost Fee)*

**CHECK INSTRUCTIONS**

Only complete if requesting a regular check or cashier’s check.

Check Amount		
\$		
Make Check Payable to		
Mail Check to (Name)		
Street Address		
City	State	Zip Code
Information to be Referenced on Check (if applicable, e.g. Name, Certificate # etc.)		

**WIRE INSTRUCTIONS**

Only complete if requesting a wire.

Wire Amount									
\$									
Bank Name									
State									
Zip Code									
Bank Phone Number									
ABA Routing Number									
Account Number									
For Credit To (Account Name)									
Information To Be Referenced (if applicable)									
For Further Credit To Name (if applicable)									
For Further Credit To Account # (if applicable)									

**CHECK MAILING INSTRUCTIONS**

**IF REGULAR CHECK**

- via **Regular Mail**
- via **Overnight Mail**  
(\$10 + Cost Overnight Mail Fee)

**IF CASHIER' CHECK** (\$30 Fee)

- *Must be sent via Overnight Mail (\$10 + Cost Overnight Mail Fee)*

**5. PAYMENT OF INVESTMENT RELATED FEES**

Please select an option below to indicate how you would like to pay for any fees associated with this transaction (ie: Cashier’s Check, Overnight Mail or Wire Fees):

- Not Applicable     
  Debit Fees From My Account     
  Charge Credit Card\*     
  Via Enclosed Check

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

**6. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE**

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.

Account Owner Authorization and Signature		
<b>X</b>	Print Name	Date

Responsible Individual Authorization and Signature (For CESA and Minor Accounts Only)		
<b>X</b>	Print Name	Date

THIS SPACE INTENTIONALLY LEFT BLANK

INTERNAL USE ONLY			
Date Received:	Received by:	Date Approved:	Approved by: