



iPlanGroup

PROMISSORY NOTE INVESTMENT KIT

Your complete guide to investing in a Promissory Note with your Self-Directed Account

THE PROMISSORY NOTE INVESTMENT PROCESS



1. RESEARCH YOUR INVESTMENT

As with any investment, the first step for the account owner is always to review the investment prior to requesting funding. **Do your due diligence.** This includes:

- *Reviewing the IRS rules & regulations regarding prohibited transactions and disqualified parties*
- *Researching the parties involved in your investment, whether an entity, professional or individual*
- *Ensuring you have a complete understanding of the investment terms (repayment, timeframes, fees, penalties etc.)*

CHECK OUT THE “IRS RULES & REGULATIONS” & “INVESTMENT PROTECTION” TABS AT WWW.IPLANGROUP.COM/ILEARN FOR GUIDANCE!

2. COMPLETE THE INVESTMENT AUTHORIZATION FORM AND OBTAIN SUPPORTING DOCUMENTATION

iPLANGROUP FORM

(Included in the Promissory Note Investment Kit)

- Promissory Note Investment Authorization Form

← *completed and signed by account owner*

SUPPORTING DOCUMENTS

(Based on loan type, not provided by iPlanGroup)

UNSECURED NOTE

- Copy of Promissory Note

SECURED NOTE

- Copy of Promissory Note
- Copy of Security Agreement
(eg: Mortgage, Deed of Trust etc.)

IF LENDING TO, OR SECURING BY, AN ENTITY

- iPlanGroup may request supporting documents from the entity, such as the prospectus, memorandum and/or subscription documents

ALL DOCUMENTS MUST USE THE PROPER TITLING WHEN REFERRING TO THE “NAME” OF THE LENDER

ACCOUNT TITLING FOR A TRADITIONAL IRA, ROTH IRA, SEP IRA, SIMPLE IRA, CESA OR HSA:

iPlanGroup Agent for Custodian FBO [Account Owner Name or Account Number] [Account Type]

ACCOUNT TITLING FOR AN INDIVIDUAL 401(K) OR INDIVIDUAL ROTH 401(K):

[Trustee Name] TTEE [Plan Name] 401k FBO [Plan Participants Name or Account Number] C/O iPlanGroup

3. SUBMIT THE AUTHORIZATION FORM & SUPPORTING DOCUMENTS TO iPLANGROUP VIA FAX, EMAIL, OR MAIL

FAX: 440-815-2214

MAIL: iPlanGroup
28011 Clemens Rd. Suite B.
Westlake, Ohio 44145

EMAIL: invest@iplangroup.com

NOTE: DOCUMENTS MUST BE RECEIVED PRIOR TO 12:00 PM (EST) IN ORDER TO BE REVIEWED THE SAME DAY.

4. iPLANGROUP TAKES IT FROM HERE!

Requests are typically completed within one business day. The account owner will be notified via email upon completion.

Please note: In the event of a deficiency on the iPlanGroup form or supporting documents, or if the account does not have sufficient funds to cover the request, iPlanGroup will reach out to the applicable party to discuss corrections. Completion of the investment request may be delayed until any and all deficiencies are resolved.

PROMISSORY NOTE INVESTMENT AUTHORIZATION

Use this form to loan funds from your retirement account via a Promissory Note, or to purchase an existing Secured or Unsecured Note, Mortgage or Deed of Trust.



1. ACCOUNT OWNER INFORMATION

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

2. NOTE INFORMATION

Select one of the four options below:

- 1) This is a New Note
- 2) My Account is Buying an Existing Note
- Are you buying the note at a discounted rate?
- YES* NO
- 3) This is an Add-On to an Existing Investment*
- 4) This is an Exchange of an Existing Investment*

*If yes, provide a copy of the Note Assignment

*If Exchange or Add-On, describe the existing investment below: (e.g. Loan to John Smith)

3. REPAYMENT DETAILS

Face Value of the Note	Percentage of Note the Account Will Own	Interest Rate
\$	%	%
Principal Balance (if buying an existing note)	Balloon Payment Amount (if applicable)	Maturity Date (MM/DD/YY)
\$	\$	
Please list any additional information that you need iPlanGroup to be aware of:		

4. BORROWER INFORMATION

REQUIRED: By checking this box, I certify that the borrower is not a lineal ascendant, lineal descendent, disqualified person nor disqualified entity as described by Internal Revenue Code § 4975.

Full Name of Borrower (Individual or Entity Name)			
Legal Address	City	State	Zip Code

PROMISSORY NOTE INVESTMENT AUTHORIZATION



5. COLLATERAL INFORMATION

IS THIS NOTE SECURED?

- Yes, this is a Secured Note *(Please indicate collateral below)* No, this is an Unsecured Note *(Please skip to Section 6)*

TYPE OF COLLATERAL AND DETAILS

Select and complete one of the four options below:

a) REAL PROPERTY

Parcel ID Number	County		
Address	City	State	Zip Code

b) ENTITY/COMPANY

Name of Entity	Managing Member's Name		
Address	City	State	Zip Code

- By checking this box, I certify that this entity is not owned 50% or more by me, nor a disqualified individual or disqualified entity as described by IRC § 4975. Additionally, I certify that I (nor a disqualified individual or disqualified entity) am not an officer, director, 10% or more shareholder, nor a highly compensated employee in the aforementioned entity.

c) VEHICLE OR MOBILE HOME

Year	Make	Model	Vehicle Identification Number (VIN)
------	------	-------	-------------------------------------

d) OTHER

Collateral Type	Identification Number*
Description	

**Please Note: When assigning collateral to a loan, the collateral must have an identification number. For instance, a parcel ID number for a house, a serial number for an appliance, a VIN for a vehicle, an EIN for an entity, etc.*

PROMISSORY NOTE INVESTMENT AUTHORIZATION



8. PAYMENT OF INVESTMENT RELATED FEES

APPLICABLE FEES RELATED TO THIS TRANSACTION

Below are fees that may apply, depending on the options you've selected on this form:

Cashier's Check: \$30

Overnight Mail: \$10 for Processing + Cost

Wire: \$30

Please indicate how you would like to pay for fees associated with this transaction:

a) **Not Applicable**

Only select if you did not choose any options on this form which would incur a fee.

b) **Debit fees from my account**

Please ensure there are enough funds available in the account to cover both the fee(s) & the funds needed for this investment.

c) **Charge Credit Card:** (3% Processing Fee per charge. We accept Visa, MasterCard, AmEx & Discover)

Cardholder Name	Card Number	Expiration Date (MM/YY)

I am authorizing IRA Plan Partners, LLC DBA iPlanGroup to charge the applicable transaction fees to the credit card shown above. Additionally, I understand that a Credit Card Processing Fee of 3% will be assessed on each credit card transaction.

9. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By executing this Investment Authorization, I certify that I understand the terms contained herein and I acknowledge and agree to the following:

I take complete responsibility for any investment I choose for my Account, including the one specified on this form. I hereby confirm that I am directing IRA Plan Partners LLC DBA iPlanGroup ("administrator") to complete the transaction as instructed on this form. I hereby acknowledge that neither Administrator nor Custodian sold, offered, or endorsed any investment products and that they are not affiliated in any way with any investment or financial provider that I have personally selected to conduct business through or involving my iPlanGroup account(s). Administrator has not provided nor assumed responsibility for any tax, legal or investment advice regarding this investment or my IRA account(s). I fully understand it is solely my responsibility to obtain qualified tax, legal and/or professional investment advice to ensure the legitimacy and suitability of this transaction along with any other directives within my self-directed account(s). I assume the sole responsibility to make certain this transaction complies with all legal, Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), federal, state, local, and security law requirements. I agree to indemnify and hold harmless both the Administrator and Custodian from any loss, claims, damages, liability, actions, taxes/penalties, expenses (including attorney's fees) and all unforeseen consequences related to executing the instructions with respect to funding this transaction, including but not limited to errors made when executing said investment.

ACCOUNT OWNER OR RESPONSIBLE INDIVIDUAL AUTHORIZATION AND SIGNATURE

X

Signature

Print Name

Date