

# 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 NAME	IPLANGROUP ACCOUNT NUMBER
EMAIL ADDRESS	PHONE NUMBER

## 2. NOTE INFORMATION

BORROWER 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

<b><u>FULL SATISFACTION OF NOTE</u> IF YOU CHOOSE THIS OPTION, THIS ASSET WILL BE REMOVED FROM YOUR ACCOUNT.</b>	
EXPECTED PAYOFF DATE	APPROXIMATE CASH TO BE RECEIVED
<b><u>PARTIAL SATISFACTION OF NOTE</u> 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.</b>	
EXPECTED PAYOFF DATE	APPROXIMATE CASH TO BE RECEIVED
NEW ASSET VALUE	PROVIDE A BRIEF DESCRIPTION OF THE REMAINING ASSET
<b>PLEASE SELECT HOW PAYOFF WILL BE RECEIVED:</b> CHECK              WIRE              ACH	

## 4. PAYMENT OF FEES - IF APPLICABLE

DEBIT FEES FROM MY ACCOUNT      CHECK ENCLOSED      CHARGE CREDIT CARD\*

\*If selecting the Charge Credit Card option, an online payment link will be sent to the E-mail address provided below prior to funding.

E-mail Address: \_\_\_\_\_

## 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

# PROMISSORY NOTE SATISFACTION AUTHORIZATION



## 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.				
SEND BY MAIL		REGULAR MAIL	OUTSIDE UPS ACCOUNT #	_____
		OVERNIGHT MAIL (\$10 Fee + cost)	OUTSIDE FEDEX ACCOUNT #	_____
MAIL TO	ATTENTION		INFORMATION TO BE REFERENCED	
ADDRESS	CITY	STATE	ZIP CODE	
SEND BY FAX		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 "The 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 The Administrator and/or The 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>		
X	PRINT NAME	DATE