

REAL ESTATE SALE AUTHORIZATION

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



iPlanGroup

RETIREMENT DRIVEN BY YOU

Questions? Our representatives are available to assist you at 855-604-7526.

1. ACCOUNT HOLDER INFORMATION

ACCOUNT OWNER 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)

<u>FULL SALE OF REAL ESTATE</u> IF YOU CHOOSE THIS OPTION, THIS ASSET WILL BE REMOVED FROM YOUR ACCOUNT.	
EXPECTED CLOSING DATE	APPROXIMATE CASH TO BE RECEIVED
<u>PARTIAL SALE OF REAL ESTATE</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.	
EXPECTED CLOSING DATE	APPROXIMATE CASH TO BE RECEIVED
NEW ASSET VALUE	PROVIDE A BRIEF DESCRIPTION OF THE REMAINING ASSET
PLEASE SELECT HOW PROCEEDS WILL BE RECEIVED: 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 (\$20 Fee + cost)	OVERNIGHT MAIL (\$20 Fee + cost)		
MAIL TO	ATTENTION	INFORMATION TO BE REFERENCED		
ADDRESS	CITY	STATE	ZIP CODE	

REAL ESTATE SALE DIRECTION OF INVESTMENT

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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.				
SEND BY MAIL		REGULAR MAIL	OUTSIDE UPS ACCOUNT #	_____
		OVERNIGHT MAIL (\$20 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.

ACCOUNT HOLDER SIGNATURE		
X	PRINT NAME	DATE