

**TAX LIEN/TAX DEED REDEMPTION/SALE AUTORIZATION FORM**  
**USE THIS FORM TO SELL/REDEEM TAX LIENS/TAX DEEDS WITH YOUR SELF**  
**DIRECTED IRA WITH IPLANGROUP**

**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. TYPE OF SALE (CHECK ONE OPTION)**

<b><u>FULL REDEMPTION</u> IF YOU CHOOSE THIS OPTION, THIS ASSET WILL BE REMOVED FROM YOUR ACCOUNT.</b>	
DATE FUNDS RECEIVED	APPROXIMATE CASH TO BE RECEIVED
<b><u>PARTIAL REDEMPTION</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>	
DATE FUNDS RECEIVED	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>	
CHECK      WIRE      ACH	

**3. DETAILS OF TAX LIEN/DEED REDEMPTION/SALE**

COUNTY/CITY NAME	STATE	ASSET NUMBER (IRN)	
CERTIFICATE NUMBER	PARCEL NUMBER/PPIN	ORIGINAL PURCHASE PRICE	REDEMPTION AMOUNT
CERTIFICATE NUMBER	PARCEL NUMBER/PPIN	ORIGINAL PURCHASE PRICE	REDEMPTION AMOUNT
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CERTIFICATE NUMBER	PARCEL NUMBER/PPIN	ORIGINAL PURCHASE PRICE	REDEMPTION AMOUNT

**4. RETURN OF SAFEKEEPING DOCUMENTS**

<b>IF IPLANGROUP HOLDS ANY DOCUMENTS FOR THIS ASSET WITHIN YOUR CLIENT FILE, HOW WOULD YOU LIKE IPLANGROUP TO RETURN THIS DOCUMENTATION?</b>			
REGULAR MAIL	PRIORITY MAIL (\$10 Fee + cost)	OVERNIGHT MAIL (\$10 Fee + cost)	
MAIL TO	ATTENTION	INFORMATION TO BE REFERENCED	
ADDRESS	CITY	STATE	ZIP CODE

# TAX LIEN/TAX DEED REDEMPTION/SALE AUTHORIZATION FORM

USE THIS FORM TO SELL/REDEEM TAX LIENS/TAX DEEDS WITH YOUR SELF DIRECTED IRA WITH IPLANGROUP

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# iPlanGroup

RETIREMENT DRIVEN BY YOU

## 5. DOCUMENTS REQUIRING SIGNATURE (IF APPLICABLE)

PLEASE LIST ALL DOCUMENTS RELATING TO THE INVESTMENT WHICH WILL REQUIRE A SIGNATURE FROM IPLANGROUP.			
1.		3.	
2.		4.	

## 6. 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		

## 7. 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: \_\_\_\_\_

## 8. ASSET TITLING INSTRUCTIONS

**Asset Titling:** iPlanGroup Agent for Custodian FBO *Your Name (As it appears on account)* IRA

**Address:** iPlanGroup, 28011 Clemens Road Suite B, Westlake Ohio 44145

**iPlanGroup Tax ID #:** 46-4246162

## 9. FORM SUBMISSION INSTRUCTIONS

### BY FAX:

440-815-2214 ATTN: INVESTMENTS

### BY REGULAR MAIL/OVERNIGHT DELIVERY:

28011 CLEMENS ROAD SUITE B, WESTLAKE OHIO 44145

### BY EMAIL:

INVEST@IPLANGROUP.COM

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