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

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)

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FULL REDEMP	TION IF YOU	CHOOSE THIS OPTIC	N, THIS ASSET WILL BE REM	OVED FROM YOUR ACCOUNT.
DATE FUNDS RECEIVED)			APPROXIMATE CASH TO BE RECEIVED
			ŕ	F THE ASSET WILL BE ADJUSTED. THE ASSET WILL NOT BE REMOVED
FROM YOUR ACCOL	JNT UNTIL FU	JLL SALE OF THE ASSI	T OCCURS.	
DATE FUNDS RECEIVED	D			APPROXIMATE CASH TO BE RECEIVED
NEW ASSET VALUE			PROVIDE A BRIEF DESCRIPTION	N OF THE REMAINING ASSET
PLEASE SELECT HOV	W PROCEEDS	WILL BE RECEIVED:		
CHECK	WIRE	ACH		

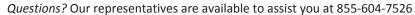
3. DETAILS OF TAX LIEN/DEED REDEMPTION/SALE

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

4. RETURN OF SAFEKEEPING DOCUMENTS

IF IPLANGROUP HOLDS ANY DOCUMEN	ITS FOR THIS ASSET WITH	IN YOUR CLIENT FILE	E, HOW WOULD YOU LIK	E IPLANGROUP TO RETU	IRN THIS DOCUMENTATION?
REGULAR MAIL	PRIORITY MAIL (\$10 Fee +	cost) OV	ERNIGHT MAIL (\$10 Fee	+ cost)	
MAIL TO	ATTENTION			INFORMATION TO BE REFE	RENCED
ADDRESS	•	CITY		STATE	ZIP CODE

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5. DOCUMENTS REQUIRING SIGNATURE (IF APPLICABLE)

1. 3. 4.
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.
SEND BY 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
7. PAYMENT OF FEES (IF APPLICABLE)
Asset Titling: iPlanGroup Agent for Custodian FBO <i>Your Name (As it appears on account)</i> IRA Address: iPlanGroup, 28011 Clemens Road Suite B, Westlake Ohio 44145 PlanGroup Tax ID #: 46-4246162
9. FORM SUBMISSION INSRUCTIONS
BY FAX: BY REGULAR MAIL/OVERNIGHT DELIVERY: BY EMAIL:
440-815-2214 ATTN: INVESTMENTS 28011 CLEMENS ROAD SUITE B, WESTLAKE OHIO 44145 INVEST@IPLANGROU
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
iPlanGroup (hereafter "iPlanGroup" or "The Administrator") to complete the transaction as instructed by me via this form. As the account ov am solely responsible for my Self-Directed individual retirement account arrangement. I take full accountability to evaluate all aspects retirement account. I have personally instructed iPlanGroup to purchase, sell, receive payments, receive proceeds and/or pay associated expectification (if applicable) related to any and all assets within my account. I understand that it is my responsibility to conduct all due diligence including be limited to, county/state search for title validation, any and all investigation that would be necessary to determine the safety of the invest holdings, along with ensuring that the asset holding is not in violation with the IRS rules and regulations, along with any other rule regulations governing my retirement account. I agree to indemnify and hold harmless The Administrator and/or The Custodian along with respective officers, directors, shareholders and employees against any liability related to the administration of my account including be limited to all claims, liabilities, causes of action, losses, expenses, any court costs, and attorney's fees which may be connected to any holding. Additionally, I agree to the Custodial Account Agreement and Disclosures as signed on my account application.
iPlanGroup (hereafter "iPlanGroup" or "The Administrator") to complete the transaction as instructed by me via this form. As the account ovam solely responsible for my Self-Directed individual retirement account arrangement. I take full accountability to evaluate all aspects retirement account. I have personally instructed iPlanGroup to purchase, sell, receive payments, receive proceeds and/or pay associated exp (if applicable) related to any and all assets within my account. I understand that it is my responsibility to conduct all due diligence including b limited to, county/state search for title validation, any and all investigation that would be necessary to determine the safety of the invest holdings, along with ensuring that the asset holding is not in violation with the IRS rules and regulations, along with any other rule regulations governing my retirement account. I agree to indemnify and hold harmless The Administrator and/or The Custodian along with respective officers, directors, shareholders and employees against any liability related to the administration of my account including by limited to all claims, liabilities, causes of action, losses, expenses, any court costs, and attorney's fees which may be connected to any

PRINT NAME

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DATE