



# **TAX LIEN ASSIGNMENT & INVESTMENT KIT**

*Your complete guide to purchasing tax liens with your Self-Directed IRA*

# TAX LIEN ASSIGNMENT AUTHORIZATION FORM



Use this form if your iPlanGroup Account is being assigned existing tax liens in which your account is purchasing via an individual or auction.

## 1. ACCOUNT OWNER INFORMATION

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

## 2. TAX LIEN ASSIGNMENT INFORMATION

Assignor Company Name	Assignor Representative Name	Assignment Date
<b>A. Total Purchase Price</b> (of Liens Only)	<b>B. Total Transaction Fees</b> (From Assignor Company)	<b>C. Total Amount Owed to Assignor</b> (A + B)
\$	\$	\$

## 3. TAX LIEN CERTIFICATE INFORMATION

Complete this section to match the information that is typically listed on your Tax Lien Schedule (Exhibit A) or Certificate List:

- See Attachment**  
 (Please skip to Section 4)
- See Information Below**  
 (Please complete information below)

Certificate Number	Parcel ID Number	State	County	Purchase Price
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
<b>Total Purchase Price:</b> (Should match Total Purchase Price in Section 2)				\$

# TAX LIEN ASSIGNMENT AUTHORIZATION FORM



## 4. INVESTMENT FUNDING INSTRUCTIONS

How would you like funds sent – via regular check, cashier’s check or wire?

- A) REGULAR CHECK**
                         
  **B) CASHIER’S CHECK** (\$30 Fee)
                         
  **C) WIRE** (\$35 Fee)

- *Must be sent via Overnight Mail (\$20 + Cost Fee)*

### CHECK INSTRUCTIONS

Only complete if requesting a regular check or cashier’s check.

Check Amount		
\$		
Make Check Payable to		
Mail Check to (Name)		
Street Address		
City	State	Zip Code
Information to be Referenced on Check (if applicable, e.g. Name, Certificate # etc.)		

### WIRE INSTRUCTIONS

Only complete if requesting a wire.

Wire Amount
\$
Bank Name
ABA Routing Number
Account Number
For Credit To (Account Name)
Information To Be Referenced (if applicable)
For Further Credit To Name (if applicable)
For Further Credit To Account # (if applicable)

### CHECK MAILING INSTRUCTIONS

#### IF REGULAR CHECK

- via **Regular Mail**  
 via **Overnight Mail**  
 (\$20 + Cost Overnight Mail Fee)

#### IF CASHIER' CHECK (\$30 Fee)

- *Must be sent via Overnight Mail (\$20 + Cost Overnight Mail Fee)*

# TAX LIEN ASSIGNMENT AUTHORIZATION FORM



## 5. PAYMENT OF INVESTMENT RELATED FEES

Please select an option below to indicate how you would like to pay for any fees associated with this transaction (ie: Cashier's Check, Overnight Mail or Wire Fees):

- Not Applicable       Debit Fees From My Account       Charge Credit Card\*       Via Enclosed Check

\*If selecting the Charge Credit Card option, you must submit the Credit Card Authorization Form along with this form. A Credit Card Processing Fee of 5% will be assessed on each credit card transaction.

## 6. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

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 "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 administrator and/or 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.

Account Owner Authorization and Signature		
X	Print Name	Date

Responsible Individual Authorization and Signature (For CESA and Minor Accounts Only)		
X	Print Name	Date

THIS SPACE INTENTIONALLY LEFT BLANK

**TAX LIEN INVESTMENT AUTHORIZATION FORM**  
**USE THIS FORM TO PURCHASE TAX LIENS WITH YOUR SELF DIRECTED IRA WITH IPLANGROUP**

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



**1. ACCOUNT OWNER INFORMATION**

ACCOUNT OWNER NAME	IPLANGROUP ACCOUNT NUMBER
EMAIL ADDRESS	PHONE NUMBER

**2. TAX LIEN AUCTION INFORMATION**

COUNTY	STATE	DATE OF AUCTION
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**3. INVESTMENT INFORMATION**

TOTAL AMOUNT OF FUNDS NEEDED: \$ \_\_\_\_\_ NUMBER OF CHECKS NEEDED: \_\_\_\_\_  
 IF MORE THAN ONE CHECK IS NEEDED, PLEASE ENTER EACH DOLLAR AMOUNT BELOW:

1.	3.
2.	4.

**4. INVESTMENT FUNDING INSTRUCTIONS (PLEASE SELECT ONE OPTION)**

**FUND VIA CHECK**

REGULAR CHECK       CASHIER'S CHECK (\$30 FEE)  
PLEASE NOTE, CASHIERS CHECKS MUST BE SENT VIA A TRACKABLE SHIPPING METHOD, SUCH AS OVERNIGHT MAIL.

MAKE CHECK PAYABLE TO	MAIL CHECK TO	INFORMATION TO BE REFERENCED	
STREET ADDRESS	CITY	STATE	ZIP CODE

**DELIVERY OPTIONS**

REGULAR MAIL       OVERNIGHT MAIL (\$20+ COST)       PICKUP AT IPLANGROUP LOCATION

THIRD PARTY UPS ACCOUNT # \_\_\_\_\_       THIRD PARTY FEDEX ACCOUNT # \_\_\_\_\_

**FUND VIA WIRE (\$35 FEE)**

BANK NAME	STATE	ZIP CODE	BANK PHONE NUMBER
ABA ROUTING NUMBER	ACCOUNT NUMBER		FOR CREDIT TO (ACCOUNT NAME)
FOR FURTHER CREDIT TO (NOT REQ.)	FOR FURTHER CREDIT ACCOUNT NUMBER		INFORMATION TO BE REFERENCED

**5. PAYMENT OF INVESTMENT PROCESSING FEES - IF APPLICABLE**

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

\*If selecting the charge credit card option, you must complete, sign and attach the Credit Card Authorization Form along with this form. A Credit Card Processing Fee of 5.0% will be assessed on each credit card transaction.

# TAX LIEN INVESTMENT AUTHORIZATION FORM

USE THIS FORM TO PURCHASE TAX LIENS WITH YOUR SELF DIRECTED IRA WITH IPLANGROUP



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

## 6. INVESTMENT 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

## 7. 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

## 8. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

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 "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 administrator and/or 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.

### Account Owner Authorization and Signature

<input checked="" type="checkbox"/>	Print Name	Date
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### Responsible Individual Authorization and Signature (For CESA and Minor Accounts Only)

<input checked="" type="checkbox"/>	Print Name	Date
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