iPlanGroup

ENTITY INVESTMENT KIT

Your complete guide to investing in an entity with your Self-Directed IRA

THE ENTITY INVESTMENT PROCESS

1. RESEARCH YOUR INVESTMENT

As with any investment, the first step for the account owner is always to review the investment prior to requesting funding. **Do your due diligence**. This includes:

- *Reviewing the IRS rules & regulations regarding prohibited transactions and disqualified parties*
- *Researching the parties involved in your investment, whether an entity, professional or individual*
- *Ensuring you have a complete understanding of the investment terms (repayment, timeframes, fees, penalties etc.)*

CHECK OUT THE "IRS RULES & REGULATIONS" & "INVESTMENT PROTECTION" TABS AT WWW.iPLANGROUP.COM/iLEARN FOR GUIDANCE!

2. COMPLETE THE INVESTMENT AUTHORIZATION FORM AND OBTAIN SUPPORTING DOCUMENTATION

iPLANGROUP FORMS

(Both forms are included in the Entity Investment Kit)

- Entity Investment Authorization Form (*completed and signed by account owner*)
- Entity Investment Issuer Worksheet (*completed and signed by the investment issuer*)

SUPPORTING DOCUMENTS

(Based on entity type, not provided by iPlanGroup)

LIMITED LIABILITY COMPANY

- Private Placement Memorandum or Operating Agreement
- Subscription Agreement
- Filed Articles of Organization
- Investor Questionnaire

C-CORPORATION

- Private Placement Memorandum
- Subscription Agreement or Purchase Agreement
- Articles of Incorporation/Charter
- Bylaws

LIMITED PARTNERSHIP

- Private Placement Memorandum
- Filed Certificate of Limited Partnership
- Limited Partnership Agreement
- Subscription Agreement

JOINT VENTURE

- Joint Venture Agreement

LAND TRUST

- Land Trust Agreement

ALL DOCUMENTS MUST USE THE PROPER TITLING WHEN REFERRING TO THE "NAME" OF THE INVESTOR

ACCOUNT TITLING FOR A TRADITIONAL IRA, ROTH IRA, SEP IRA, SIMPLE IRA, CESA OR HSA:

iPlanGroup Agent for Custodian FBO [*Account Owner Name or Account Number*] [*Account Type*]

ACCOUNT TITLING FOR AN INDIVIDUAL 401(K) OR INDIVIDUAL ROTH 401(K):

[*Trustee Name*] TTEE [*Plan Name*] 401k FBO [*Plan Participants Name or Account Number*] C/O iPlanGroup

3. SUBMIT THE AUTHORIZATION FORM & SUPPORTING DOCUMENTS TO iPLANGROUP VIA FAX, EMAIL, OR MAIL

FAX: 440-815-2214

EMAIL: invest@iplangroup.com

MAIL: iPlanGroup
28011 Clemens Rd. Suite B.
Westlake, Ohio 44145

NOTE: DOCUMENTS MUST BE RECEIVED PRIOR TO 12:00 PM (EST) IN ORDER TO BE REVIEWED THE SAME DAY.

4. iPLANGROUP TAKES IT FROM HERE!

Requests are typically completed within one business day. The account owner will be notified via email upon completion.

Please note: In the event of a deficiency on the iPlanGroup form or supporting documents, or if the account does not have sufficient funds to cover the request, iPlanGroup will reach out to the applicable party to discuss corrections. Completion of the investment request may be delayed until any and all deficiencies are resolved.

ENTITY INVESTMENT AUTHORIZATION

Use this form to invest in an entity such as an LLC, C-Corp, or Limited Partnership.

iPlanGroup
RETIREMENT DRIVEN BY YOU

CLEAR FORM

1. ACCOUNT OWNER INFORMATION

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

2. ENTITY INFORMATION

☐ This is a **New Investment**

☐ This is an **Add-On to an Existing Investment** | *Please Describe:* __________

☐ This is an **Exchange of an Existing Investment** | *Please Describe:* __________

ENTITY TYPE:

☐ Limited Liability Company ☐ C-Corporation ☐ Other: __________

☐ Limited Partnership ☐ Joint Venture ☐ Land Trust

Entity Name	*Manager/Officer's Name*	*Contact Person's Name*	
Phone Number	*Email Address*		
Street Address	*City*	*State*	*Zip Code*

REQUIRED: ☐ By checking this box, I certify that this entity is not owned 50% or more by me, nor a disqualified individual or disqualified entity as described by IRC § 4975. Additionally, I certify that I (nor a disqualified individual or disqualified entity) am not an officer, director, 10% or more shareholder, nor a highly compensated employee in the aforementioned entity.

3. INVESTMENT TERMS

Amount of Capital Commitment $	*Price Per Unit/Share* $	*Number of Units/Shares*
Please list any additional information that you would like iPlanGroup to be aware of:		

IRA Plan Partners LLC DBA iPlanGroup ♦ 28011 Clemens Road ♦ Westlake, OH 44145
P: 1-855-604-7526 ♦ F: 440-815-2214 ♦ www.iplangroup.com ♦ Invest@iPlanGroup.com

ENTITY INVESTMENT AUTHORIZATION

4. INVESTMENT FUNDING INSTRUCTIONS

Would you like your funds sent via regular check, cashier's check or wire?

☐ A) **REGULAR CHECK**

☐ via **Regular Mail**
☐ via **Overnight Mail***
*$10 Processing Fee + Cost

☐ B) **CASHIER'S CHECK*** ($30 Fee)

Must be sent via ***Overnight Mail****
*$10 Processing Fee + Cost

☐ C) **WIRE** ($30 Fee)

Please Note: The ABA Routing Number (requested below) should be obtained from the wire recipients' bank; This number is specifically for wiring funds and may not be the same as the routing number listed on the recipients' checks

CHECK INSTRUCTIONS

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

Check Amount $		
Make Check Payable to (Name)		
Mail Check to (Name)		
Street Address (If overnight mail, cannot be sent to a PO Box)		
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 (name on bank account)
For Further Credit to (optional)

5. DOCUMENT SIGNING REQUEST *(If applicable)*

As the investor, do you have documents that you need iPlanGroup to sign on behalf of your iPlanGroup Account?

☐ **Yes** *(Please list the applicable documents below)* ☐ **No** *(Please skip to Section 8)*

1)	2)	3)

Once we have signed the documents you've listed above, where/how would you like us to send them? (select at least 1 option)

☐ **Fax:** ____________________ ☐ **Email:** ____________________

☐ **Regular Mail** ☐ **Overnight Mail** ($10 Processing Fee + Cost) ☐ **Pickup at iPlanGroup**

Mail to (name or company)	*Attention (name or department)*		
Street Address	*City*	*State*	*Zip Code*

6. PAYMENT OF INVESTMENT RELATED FEES *(If applicable)*

APPLICABLE FEES RELATED TO THIS TRANSACTION

Below are fees that may apply, depending on the options you've selected on this form:

Cashier's Check: $30 **Overnight Mail**: $10 for Processing + Cost **Wire**: $30

Please indicate how you would like to pay for fees associated with this transaction:

☐ a) **Not Applicable**
Only select if you did not choose any option on this form which would incur a fee.

☐ b) **Debit fees from my account**
Please ensure there are enough funds available in the account to cover both the fee(s) & the funds needed for this investment.

☐ c) **Charge Credit Card**: *(3% Processing Fee per charge. We accept Visa, MasterCard, AmEx & Discover)*

Cardholder Name	*Card Number*	*Expiration Date (MM/YY)*

☐ I am authorizing IRA Plan Partners, LLC DBA iPlanGroup to charge the applicable transaction fees to the credit card shown above. Additionally, I understand that a Credit Card Processing Fee of 3% will be assessed on each credit card transaction.

7. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By executing this Investment Authorization, I certify that I understand the terms contained herein and I acknowledge and agree to the following: I take complete responsibility for any investment I choose for my Account, including the one specified on this form. I hereby confirm that I am directing IRA Plan Partners LLC DBA iPlanGroup ("administrator") to complete the transaction as instructed on this form. I hereby acknowledge that neither Administrator nor Custodian sold, offered, or endorsed any investment products and that they are not affiliated in any way with any investment or financial provider that I have personally selected to conduct business through or involving my iPlanGroup account(s). Administrator has not provided nor assumed responsibility for any tax, legal or investment advice regarding this investment or my IRA account(s). I fully understand it is solely my responsibility to obtain qualified tax, legal and/or professional investment advice to ensure the legitimacy and suitability of this transaction along with any other directives within my self-directed account(s). I assume the sole responsibility to make certain this transaction complies with all legal, Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), federal, state, local, and security law requirements. I agree to indemnify and hold harmless both the Administrator and Custodian from any loss, claims, damages, liability, actions, taxes/penalties, expenses (including attorney's fees) and all unforeseen consequences related to executing the instructions with respect to funding this transaction, including but not limited to errors made when executing said investment.

ACOUNT OWNER OR RESPONSIBLE INDIVIDUAL AUTHORIZATION AND SIGNATURE

x		
Signature	*Print Name*	*Date*

ENTITY INVESTMENT ISSUER WORKSHEET

To be completed by an authorized representative on behalf of the entity investment issuer.

iPlanGroup
RETIREMENT DRIVEN BY YOU

1. iPLANGROUP ACCOUNT OWNER INFORMATION

Account Owner Name	*iPlanGroup Account Number*

2. INVESTMENT OFFERING INFORMATION

ENTITY TYPE

- ☐ Limited Liability Company
- ☐ C-Corporation
- ☐ Other: ______________________
- ☐ Limited Partnership
- ☐ Joint Venture
- ☐ Land Trust

Name of Entity/Organization Offering the Investment	*Full Name of Offering*

Entity Contact Person (Full Name)	*Phone Number*	*Email Address*

Entity Street Address	*City*	*State*	*Zip Code*

ARE SHARES CONVERTIBLE?

☐ Yes ☐ No *If yes, convertible into:* ______________________

INVESTMENT DOCUMENTATION

Please indicate supporting documents pertaining to the entity and investment, as well as if signature execution is needed:

- ☐ **Limited Partnership Agreement**
  - ☐ *IRA Owner Must Sign*
  - ☐ *iPlanGroup Must Sign*
- ☐ **Subscription Agreement**
  - ☐ *IRA Owner Must Sign*
  - ☐ *iPlanGroup Must Sign*
- ☐ **Joint Venture Agreement**
  - ☐ *IRA Owner Must Sign*
  - ☐ *iPlanGroup Must Sign*
- ☐ **Operating Agreement**
  - ☐ *IRA Owner Must Sign*
  - ☐ *iPlanGroup Must Sign*
- ☐ **Land Trust Agreement**
  - ☐ *IRA Owner Must Sign*
  - ☐ *iPlanGroup Must Sign*
- ☐ **Investor/Purchaser Questionnaire**
  - ☐ *IRA Owner Must Sign*
  - ☐ *iPlanGroup Must Sign*
- ☐ **Private Placement Memorandum**
- ☐ **Articles of Organization**
- ☐ **Offering Circular**
- ☐ **Bylaws**
- ☐ **Stock Certificates**

☐ **Other**, *Please list:* ______________________ ☐ *IRA Owner Must Sign* ☐ *iPlanGroup Must Sign*

IRA Plan Partners LLC DBA iPlanGroup ♦ 28011 Clemens Road ♦ Westlake, OH 44145
P: 1-855-604-7526 ♦ F: 440-815-2214 ♦ www.iplangroup.com ♦ Invest@iPlanGroup.com

ENTITY INVESTMENT ISSUER WORKSHEET

3. INVESTMENT ISSUER ACKNOWLEDGEMENT AND AGREEMENT

The role of IRA Plan Partners, LLC DBA iPlanGroup as administrator of self-directed accounts is nondiscretionary and/or administrative in nature. The account owner or his/her authorized representative must direct all investment transactions and choose the investment(s) for the account. IRA Plan Partners, LLC DBA iPlanGroup has no responsibility nor involvement in selecting or evaluating any investment. It neither endorses nor recommends investments in any asset and does not provide any legal, tax, investment or any other advice with respect to any investment, and Issuer agrees to make no representation to the contrary. Issuer further acknowledges that IRA Plan Partners, LLC DBA iPlanGroup's acceptance of an asset indicates only that the asset meets the requirements of IRA Plan Partners, LLC DBA iPlanGroup's existing system and procedures, and in no way can be construed to be either an endorsement or evaluation of merit nor an acknowledgement that the asset has been approved by any regulatory or supervisory body. IRA Plan Partners, LLC DBA iPlanGroup collects the information below solely for administrative review purposes.

The Issuer hereby agrees, represents and/or acknowledges the following to IRA Plan Partners, LLC DBA iPlanGroup:

Upon purchase of the asset being funded or its re-registration, Issuer will provide IRA Plan Partners, LLC DBA iPlanGroup with proof of ownership of said asset within 60 days of receipt of purchase funds or request for re-registration. Proof of ownership may be in the form of an original stock certificate, executed subscription documents or by other means acceptable to IRA Plan Partners, LLC DBA iPlanGroup. Issuer further acknowledges that failure to do so may cause IRA Plan Partners, LLC DBA iPlanGroup to distribute the asset which may result in a taxable event to the account owner.

The ownership interest and/or certificates will be correctly registered as follows:

FOR A TRADITIONAL IRA, ROTH IRA, SEP IRA, SIMPLE IRA, CESA OR HSA:
iPlanGroup Agent for Custodian FBO [*Account Owner Name or Account Number*] [*Account Type*]
28011 Clemens Road, Suite B, Westlake OH 44145
Tax ID# 46-4246162

FOR AN INDIVIDUAL 401(K) OR INDIVIDUAL ROTH 401(K):
[*Trustee Name*] TTEE [*Plan Name*] 401k FBO [*Plan Participant Name or Account Number*] C/O iPlanGroup
28011 Clemens Road, Suite B, Westlake OH 44145
Tax ID# 46-4246162

Account owners will be provided offering documentation including but not limited to private placement memoranda, prospectuses, operating agreements and subscription agreements as appropriate for the investment in the asset.

If applicable, Issuer will inform account owners that the investment may generate unrelated business taxable income (UBTI). If UBTI is generated, Issuer represents that UBTI information will be included on IRS form 1065 (Schedule K-1) and be provided to account owners each year.

Issuer will not use IRA Plan Partners, LLC DBA iPlanGroup's name in advertising, printed or web-based material or any other form of communication without its express written consent.

To the extent attributable to the fraud, negligence, or misconduct of the Issuer, Issuer will indemnify and hold IRA Plan Partners, LLC DBA iPlanGroup harmless from and against any and all damages, claims, losses, expenses or costs of any nature (including without limitation any court costs and attorney's fees) asserted against or incurred by IRA Plan Partners, LLC DBA iPlanGroup as a result of legal actions involving the investment or the asset.

All income related to the asset or associated with the investment will be sent directly to IRA Plan Partners, LLC DBA iPlanGroup in accordance with IRA Plan Partners, LLC DBA iPlanGroup's expense payment instructions in a timely manner for credit to the appropriate IRA Plan Partners, LLC DBA iPlanGroup account. In accordance to the internal revenue code, under no circumstances will the Issuer distribute any monies or assets directly to an IRA Plan Partners, LLC DBA iPlanGroup account owner personally. Issuer is solely responsible for any tax, legal, or penalty damages and charges associated with the direct distribution of any monies or assets by the Issuer to the account owner.

Issuer understands that account owners may need to re-register or sell part of the asset to meet required minimum distribution rules, if applicable. Issuer certifies that the asset is structured to permit such distributions.

Issuer will not accept any subscription document, change or registration request, or change of registered owner address, including dividend payment address, for any asset that lists IRA Plan Partners, LLC DBA iPlanGroup as administrator but does not bear an authorized signature of IRA Plan Partners, LLC DBA iPlanGroup and agrees to notify IRA Plan Partners, LLC DBA iPlanGroup immediately upon receipt of any such documents.

Issuer understands that the investment company's inability to price the asset annually, provide substantiation of value, provide investment confirmations or send distributions directly to IRA Plan Partners, LLC DBA iPlanGroup may result in loss of administrative feasibility by IRA Plan Partners, LLC DBA iPlanGroup. In this event, Issuer agrees that upon direction from IRA Plan Partners, LLC DBA iPlanGroup the asset will be reregistered to either the account owner personally, or to another administrator.

ISSUER REPRESENTATIVE AUTHORIZATION AND SIGNATURE

x		
Signature	*Print Name*	*Date*