REAL ESTATE INVESTMENT AUTHORIZATION

Use this form to purchase real property in your iPlanGroup retirement account.

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



6. TRANSACTION FUNDING INSTRU	CTIONS (Cor	ntinued)			and the second of the second o	
iPlanGroup may be required to proce applicable funding instructions below:	ess multiple	funding req	uests to complete thi	s real estate p	ourchase. P	Please complete all
CLOSING FUNDS Regu	lar Check	Cashler's	Check (\$30 Fee) *Must b	e sent via Overni	ight Delivery	
De	livery Options:	Regu	lar Mail Overr	night Delivery (\$1	LO Processing	Fee + Cost)
Total Amount of Closing Funds Being Paid			Amount of Closing Funds Required From This Account			
\$ 30628.25			\$ 30,628.75			
Check Payee Name		1f	Entity, Contact Name			
Land castle title			V. A		Lictoria	Zin Code
Address 4860 Robin Hood	RR		WilloughB	y	State H	Zip Code 44094
Wire Transfer (\$30 Fee)						
Bank Name		B	ank City		4 4	State
Land castle title	440	4 A)	Sank of 4m	Tonicy !	(Account Na	CZT
ABA Routing Number 0 9:59:	3 37	t Number 9 4007	240442	Lande	astle.	title LCS
or Further Credit Account Number			2240442	For Credit, To (Account Name) Land Castle + He LLCs Reference 1564 winchestex		
	107			1000		and the second
7. APPOINTMENT OF PROPERTY M	ANAGER	their sendage fallow top page a sedage performance	december annament de version de version des participation de la companya del la companya de la c	en e	- Standard Standard Standard	radionar de sama navioratario todas analizados e en activado en constituido de constituido de constituido de c
By appointing the Property Manager named	d balour Lunda	retand that th	e Property Manager will i	ne nerforming se	rulces regardi	ng the above
property and I agree to hold harmless iPlan				oc perior ming se	Traces regards	
Property Manager (Company Name)			Contact Name / Title			
Property Wanager (company traine)			Contact Hama, Title			
Phone Number	Fax Number		Email Addre		55	
Address		10	City		State	Zip Code
	h					
8. INTERESTED PARTY DESIGNATIO	N AND INFO	RIVIATION	- ALLES AND	undere Part Schaupennum Brange Propriet and and selected sufferent and	ne de com magnico de designe gar y formaçõe peragaridas	entre de la company de mine a lagor y la grande de la grande de la company de la compa
By designating the below named interested balance, transaction status, and account his	Party, I hereby	y permit iPlani	Group to release informatebsite access to the follow	tion (i.e., account ving individual fo	information :	such as account named above:
			Manager and the second			
Interested Party Name	Company Name		e		Date of Birth	
Relationship to Account Owner	Pł	none Number		L	Last 4 of Social Security Number	
Address		······································	Fax Number	E	mail Address	A formation of the state of the
City					State	Zip Code
					1	1