

PAYEE ADDRESS

Part 1 **Account Owner Information** NAME (as it appears in your plan) IRA EXPRESS ACCOUNT NUMBER ACCOUNT TYPE EMAIL ADDRESS PHONE NUMBER Part 2 **General Asset Information** NEW NOTE ORIGINATION PURCHASE OF EXISTING NOTE ADDITIONAL FUNDING EXCHANGE *An additional funding occurs when funds are sent out for an additional percentage of ownership of the asset that was previously purchased by your account. INVESTMENT NAME (Describe the investment here. i.e. John McDonald Unsecured Promissory Note) IRA PERCENTAGE OF OWNERSHIP % Part 3 Promissory Note Information This Promissory Note is a: UNSECURED NOTE SECURED NOTE IF SECURED, COLLATERALIZED BY: DOLLAR AMOUNT TO BE FUNDED NOTE AMOUNT (face value of Note) PRINCIPAL BALANCE (for existing note) \$ \$ \$ Borrower(s) Information (If multiple borrowers, include information for each) CONTACT PERSON NAME **TELEPHONE NUMBER** ADDRESS CITY, STATE, ZIP Note Payment Schedule (select one) INTEREST ONLY BALLOON AT MATURITY MONTHLY AMORTIZED QUARTERLY ANNUALLY OTHER (Please specify) MATURITY DATE INTEREST RATE PAYMENT AMOUNT % \$ **Investment Funding Information** Part 4 How would you like IRA Express to fund your investment? (Please select one of the options below) WIRE (Please provide wiring instructions or complete and attach a wiring instructions form) CHECK or CASHIERS CHECK (additional fees apply) **Check Delivery Instructions** PAYEE NAME **TELEPHONE NUMBER**

STATE

ZIP

CITY



Part 5 Special Instructions

Part 6 Payment of Fees					
How would you like to pay your fees?					
Please deduct fees from my IRA Express account.	deduct fees from my IRA Express account.			Please charge my credit card according to the information below.	
All fees are due at time of transaction. If no indication is made, fees will be deducted from your un-directed cash balance. Your transaction will not be processed unless sufficient funds are available.					
Credit Card Information					
CARD TYPE (choose one):	MASTER CARD AME			AN EXPRESS	DISCOVER
NAME AS IT APPEARS ON YOUR CARD	ARD NUMBER			SECURITY CODE	
EXPIRATION DATE BILLING AD			DRESS		
CITY, STATE, ZIP					
By signing below, you authorize your credit card to be charged for the option(s) chosen above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.					
SIGNATURE		D	DATE		

Part 7 Investment Acknowledgement

Prior to funding, all investment documents (such as closing documents) must be notated "read and approved" with your signature and date.

I understand that my account is self-directed and that the Administrator and Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to making any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided, any advice with respect to the investment directive set forth in this Buy Direction Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator nor the Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or claims by others, arising out of this Buy Direction Letter and/or this investment, including, but not limited to, claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the IRC and/or any other applicable federal, state or local laws. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be any default with regard to this investment.



PO Box 9 Cedar City, UT 84721 Phone: 888-328-8008 Fax: 435-867-1042

Part 7 Investment Acknowledgement (Continued)

I am directing you to complete this transaction as specified above. I confirm that the decision to buy this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator and/or Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Buy Direction Letter is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect. For purposes of this Buy-Direction Letter, the terms Administrator and Custodian include IRA Express, Inc., its agents, assigns, joint ventures, affiliates and/or business associates. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct and complete.

Transactions will not be processed unless sufficient funds are available. If fees are being deducted from your account, the full amount of the transaction plus fees must be available before your transaction can be processed.

I have read and understand the disclosure above.

SIGNATURE

DATE