

## **DIRECTION TO INVEST**

P.O. Box 3587 Albuquerque, NM 87190 • TollFree:1-800-529-3951 • Local:505-514-0539 • Fax:505-792-6096 • help@IRASTC.com Submit This Form Along With All Supporting Documents Specific To Your Investment

## IMPORTANT INFORMATION:

This form is to be completed when looking to make an investment using funds from your retirement account.

- Complete each section of this form in it's entirely; failure to complete all required fields, may cause a delay in the processing of your investment
- Verify that the issuer, investment sponsor, and/or title company has provided Specialized Trust Company with all required supporting documentation pertaining to this investment
- As the account/plan owner, it is your sole responsibility to ensure all necessary documents are recorded with the associated county for this investment; Specialized Trust Company is
  not responsible and will not take any action to ensure your investment documentation is properly recorded
- Correct vesting for any investment held within your account/plan should be titled as follows: Specialized Trust Company Custodian FBO Your Name/401K Plan Name, Type Account
- If investing in an entity, an Accredited Investor Questionnaire may need to be completed for the investment sponsor; You will need to complete, sign and date this document with the appropriate information to determine if you are an accredited investor or not
- Each document that needs signed by one of our authorized signers, will need to be listed in part 5 of this form

**Platinum** 

\*\* See Current Fee Schedule For Price

PART 1: ACCOUNT HOLDER INFORMATION				
Name:		Account #:		
Address:				
City:	Stat	te:	Zip:	
Phone:		Email:	_	
Are we authorized to speak with your investment sponsor if corrections or additional items are needed? Yes No				
PART 2: INVESTMENT INFORMAT	ION			
Investment Sponsor (if applicable):				
Name of Investment:				
This is how your asset will appear in your account Example: 123 Main Street				
PART 3: PROCESSING OPTIONS				
Standard Processing	Express Processing \$225.00 Fee	Next Day Service: \$125	5.00 Fee	

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**Specialized Black Processing** 

## PART 4: INVESTMENT TYPE All documents must be titled to Specialized Trust Company Custodian FBO Your Name & Account Example: Specialized Trust Company Custodian FBO John Smith IRA

The following list are examples of the most common supporting documentation for purchasing one of the specific investments below. This is just a guideline to use, as each investment is unique. Therefore, you may have different supporting documentation for your investment. We should receive all pages of the supporting documents associated with your investment, including any Exhibits. Specialized Trust Company will process your investment request with unsigned documents. Investments may be processed without all that are listed or without any of the listed supporting documents outlined below. This list is not meant as a precondition of Specialized Trust Company to process or not to process an investment. Specialized Trust Company will process an investment that it deemed at the sole discretion of Specialized Trust Company to be administratively feasible with a signed direction to invest form.

Investment Type	Supporting Documents		
Real Estate	Copies of all documents associated with the purchase of the real estate such as: Purchase Agreement, Settlement Statement/HUD and/or Escrow Instructions		
Unsecured Promissory Note			
Secured Promissory Note	Copy of the Promissory Note, and a copy of the Mortgage/Deed of Trust, Security Agreement, and UCC Filing Copy of the existing		
Existing Unsecured Promissory Note	Promissory Note and Assignment of Promissory Note		
Existing Secured Promissory Note	Copy of the existing Promissory Note, Mortgage/Deed of Trust and Assignment of Mortgage/Deed of Trust		
Limited Liability Company	Copy of Tax ID, Articles of Organization or Formation, Operating Agreement, and Subscription Agreement		
Limited Partnerships Private	Copy of the Tax ID, Certificate of Limited Partnership, Limited Partnership Agreement		
C-Corporation	Copy of the Tax ID, Articles of Incorporation, By-Laws, and Stock Purchase Agreement		
	Copy of the complete Private Placement Memorandum (include copies of all the entity documents & subscription agreement)		
Join Venture			
Other:	Copy of the Joint Venture Agreement		
<b>PART 5: DOCUMENTS REQUIRIN</b>	G SIGNATURE		
Diago list each document that you need si	mad by Engislized Trust Company		
Please list each document that you need sig	ned by Specialized Trust Company		
·	6		
! <u>.</u>	7		
•	8		
·	9		
j.	10.		
PART 6: WHO ARE WE SENDING	THESE DOCUMENTS TO?		
Are original documents required? Yes	No		
Name: T	itle:Company:		
Mailing Address:	City: State: Zip:		
wianing Address.	State2ip		
Fax Number: At	tention to: Email:		
PART 7: HOW WOULD YOU LIKE	TO PAY YOUR FEES?		
Please select how you would like to pay fee	e(s) associated with this processing request? Deduct From My Account Charge My Credit Card		
I have read and understand the Self-Dire Company (STC) to charge m	cted Account Agreement regarding the credit card charge(s) and I authorize Specialized Trust y credit card for all associated fees pertaining to this direction to invest request.		
, ,, ,			
Card Type: 🔲 Master Card 🔲 Visa	☐ Discover ☐ American Express		
Name on Card	Card Number		
Billing Address For Card	Expiration Date		
City/State/7in	Card Security Code (CSC)		

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PART 8: FUNDING INFORMATION				
PLEASE VERIFY THAT YOU HAVE SUFFICIENT SETTLED FUNDS IN YOUR ACCOUNT TO MAKE THIS INVESTMENT. INSUFFICIENT FUNDS WILL DELAY YOUR INVESTMENT  There is a 5 business day hold on all funds that are not received by STC by method of wire				
	Amount of Funding Requested: \$			
☐ Send these funds by check (Pie	ase Select a Check Type and Mailing Method Below)			
Make Check Payable To:				
Mailing Address :	City:	State :Zip :		
Send this check by:				
RegularMail	Overnight Mail ** Fees Apply	Cashiers Check **Fees Apply		
Send these funds by Wire (DOMESTIC ONLY - Please Attach a Wire Instruction Sheet if Available)				
Wire Instructions				
Bank Name:Name on Account:				
Account Number:ABA#(ank routing number):				
Address:				
		Zip:		
Contact Phone #:				
PART 9: HOW WOULD YOU	LIKE TO PAY YOUR FEES?			
Please choose a method to pay for any service-related fees associated with this transaction				
<ul> <li>Deduct Fees from my Account</li> </ul>	Charge the Credit Card on File (By electing this o associated with this transaction)	ption, you authorize Specialized Trust Company to charge your credit card for all fees		
PART 10: SIGNATURE AUTHORIZAT	ION			
not a "fiduciary" for my account, as the term is de transaction for my account, in accordance with my	efined by in the Internal Revenue Code, ERISA or any other appl agreement and hereby release, indemnify, and agree to hold harn in a litigation, or otherwise results in disqualification, penalty, fine	v and retention of all investments in my account. I agree that Specialized Trust Company is icable federal, state or local laws. I hereby direct STC, in a passive capacity, to enact thi nless and defend Specialized Trust Company in the event that this transaction violates any (s) or tax ramifications to me, my account, or Specialized Trust Company. I have read and		
Account Holder Signature:		Date:		

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