



AMERICAN
PENSION
SERVICES

BUY DIRECTION LETTER

PROMISSORY NOTE

INSTRUCTIONS:

To initiate the process of purchasing assets for your Retirement Account a Buy Direction Letter is required with a copy of original note and deed of trust.

- **Step 1.** Submit **PROMISSORY NOTE BUY DIRECTION LETTER**, copy of original notarized note & escrow servicing agreement.

IF NOTE is SECURED proceed to step 2:

- **Step 2.** Notify Title Company, provide Note & Assignments
- **Step 3.** APS will provide Title Company with Escrow Closing Instructions
- **Step 4.** Complete all Due Diligence necessary
- **Step 5.** Verify that Title Company is prepared to close.
- **Step 6.** Submit the **AUTHORIZATION TO PROCEED** to APS (Attached)
- **Step 7.** APS will execute the transaction with Title Company as directed.

A Title Company is REQUIRED with Secured Notes

USE THIS FORM TO PURCHASE:

- Deed of Trust
- Mortgage
- Other Types of Loans
- Promissory Notes



REQUIRED SUPPORTING DOCUMENT(S):

*Supporting Documentation MUST Accompany Your Completed Buy Direction Letter



NEW NOTE: *

- Copy of Original Notarized Note

EXISTING NOTE: *

- Copy of Original Note
 Assignment of Note with terms

SELLER FINANCING: *

- Original Notarized Note with terms
 Purchase / Sales Agreement

*SECURED NOTES:

All secured notes will be closed through a title company and require additional documents listed in Escrow Closing Instructions.

DUE DILIGENCE: Buyer is responsible for all due diligence with this transaction. This includes, but is not limited to, physical condition, square footage, survey, conditions of title, compliance with zoning ordinances, suitability for intended use, hazardous waste issues, lead based paint, mold, casualty insurance, flood insurance, home warranty, taxes, utilities, homeowners associations, special assessments, HUD-1 Settlement Statement, commitment for lender's title insurance policy, personal guarantees, etc.

CORPORATE & ENTITY LOANS: Corporate Resolution, Certificate of Good Standing, and Promissory Note executed by an authorized signer must accompany Buy Direction Letter or be provided at closing.

American Pension Services, Inc. is not responsible for any due diligence items in this transaction.

SUBMISSION OPTIONS:

Overnight & Regular Mail:

4168 W. 12600 S. Ste 300
Riverton, UT 84096

Fax:

(801) 208-7303

Email:

chris@aps-utah.com

DO NOT SUBMIT THIS COVER WITH YOUR DIRECTION LETTER



BUY DIRECTION LETTER PROMISSORY NOTE

1. Account Owner Information :

Account Owner Name:		Account Number: (4 or 5 digit)					
Email Address:	Primary Daytime Phone Number:	Fax Number:					

2. Note Information:

<i>I Herby Authorize and Direct the Administrator and/or Custodian, Trustee or Assigns, to Buy the Following Asset For My Account:</i>			
Borrower Name(Required):	Borrower Phone Number(Required):	Borrower Email:	
Borrower Address(Required):	City(Required):	State(Required):	Zip Code(Required):
Borrower SS# or EIN#(Required):	Face Value of Note(Required): \$	Plan Ownership Percentage: <input type="text"/> %	

3. Terms of Note:

What Type of Note is Your Plan Issuing? <input type="checkbox"/> This is a New Note <input type="checkbox"/> Buying an Existing Note <input type="checkbox"/> Seller Financing			
Has This Note Been Discounted? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, Why?	
Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	Payment Type: <input type="checkbox"/> Interest Only <input type="checkbox"/> Amortized		
Date of First Payment Due:	Maturity Date:	Interest Rate: _____ %	
Note Amount: \$	Number of Payments:	Payment Amount: \$	
Balloon Payment Option:	Balloon Payment Date:	Balloon Payment: \$	
Is This Note Secured? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Company	Company Name:	Company Address:	City: State: Zip Code:
<input type="checkbox"/> Real Property	Address:		City: State: Zip Code:
<input type="checkbox"/> Vehicle/ Mobile Home	VIN(Identification Number):		
<input type="checkbox"/> Other	Describe:		

4. Who Is Handling The Closing?

Title Company or Attorney is REQUIRED for all secured transactions		
Escrow Agent/ Attorney / Title Company:		Fax Number:
Contact Name:	Contact Email:	Contact Phone Number:

I have read and reviewed the information I have provided above: X
Account Owner's Initials

Continue to page 2

5. Escrow / Loan Servicer:

REQUIRED to collect payments, late fees, other charges, calculate interest, and issue 1099's.

Servicer Name:	Phone Number:		
Address:	City:	State:	Zip Code:

*Account with escrow servicer must be titled as American Pension Services, Inc., Administrator for your account.

6. Funding the Investment:

Funds must be cleared and available in order to make an investment. Funds are not cleared to invest until 7 business days after the deposit of a personal or business check. Funds from the deposit of a cashier's check are not cleared to invest for 3 business days. Bank wire funds are available immediately.

Please Send \$ _____

By Check: (provide information below) **OR** **By Wire \$15:** (Complete Wire Request Form Attached)

Make Check Payable To:			
Mail Check To:			
Address:	City:	State:	Zip Code:

Select Check Type and Mailing Option

Regular Check, Regular Mail (No charge) Cashier's Check(\$10)
 Regular Check, Overnight Mail (FedEx Charge) Certified Mail(\$10) Overnight (FedEx)


6. Title of Investment:

When Purchasing Assets in a Self-Directed Retirement Plan, You MUST Title the Investment Properly or The Asset Will Not be Accepted.

My Retirement Plan will be 100% owner it will be titled:
"American Pension Services, Inc. Administrator For Account Owner's Name , Account type # ."

My Retirement Plan will be less than 100% owner and will be titled:
"American Pension Services, Inc. Administrator For Account Owner's Name , Account Type # , Percentage of Ownership%, Undivided Interest."

I have read and reviewed the information I have provided above: X
Account Owner's Initials

Continue to Disclosure Page 3 

Account Number: (4 or 5 digit)					
-----------------------------------	--	--	--	--	--

I have read and approved all documents, and I agree with the terms. I understand that my account is self-directed and that the administrator and/or trustee or custodian does not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that I have not requested that my administrator provide, and administrator has not provided, any advice with respect to the investment directive set forth in this Buy Direction Letter. I understand that neither the administrator nor trustee or custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, 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 no one at American Pension Services, Inc. or any of its licensees has authority to agree to anything different than my foregoing understandings of American Pension Services policy.

I understand that neither the administrator nor trustee or custodian is a "fiduciary" for my account as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the administrator and trustee or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. I also understand and agree that the administrator and/or trustee or custodian will not be responsible to take any action should there be any default with regard to this investment.

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 the trustee or custodian of my account.

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.

X Account Owner's Signature: _____ **Date:** _____
Please read the disclosure above before signing and dating.

FORM COMPLETED

Type required information(*), print, sign, and send to APS with Direction Letter



WIRE REQUEST FORM

Daily Outgoing Wire Cut-off is 4pm EST

Date: _____

***Amount (Numeric):** \$ _____

***Amount (Alpha):** _____

TO:

***Receiving Bank:** _____

***Bank Address:** _____

***ABA #: (9 digit number)** _____

BENEFICIARY INFORMATION:

***Credit to:**
(Name on Bank Account) _____

***Receiving Bank Account #** _____

Further Credit To: _____

Additional Reference: _____

***Client Signature: X** _____ **Date:** _____

***Print Name:** _____ **APS Account #** _____

Authorized Personnel Complete Below Portion

Please wire funds as requested above from American Pension Services, Inc.

AUTHORIZED SIGNATURE: _____

Account: _____

From: American Pension Services, Inc.

Address: 4168 W. 12600 S. Suite 300 Riverton, UT 84096



AUTHORIZATION TO PROCEED:

ESCROW CLOSING

APS Account Number: (4 or 5 digit)					
---------------------------------------	--	--	--	--	--

American Pension Services, Inc.
4168 W. 12600 S. Suite 300
Riverton, UT 84096

RE:	Property Address:		
	City:	State:	Zip Code:

Dear Administrator,

This letter authorizes American Pension Services, Inc. to complete the transaction for the property listed above for my account, including authorization for the title company to proceed with the Closing as set forth within the terms and conditions contained in the Purchase Agreement, addendums and escrow closing instructions. I acknowledge that I have completed all due diligence for this transaction to my complete satisfaction, and state that any and all contingencies have been completed to my satisfaction or are hereby removed. I have completed all requirements of the title company to close this transaction and authorize the transfer of funds requested to the escrow agent for distribution in accordance with their instructions.

_____ Account Owner Signature

_____ Print Name

_____ Date

Title Company Name:			
Title Company Address:	City:	State:	Zip Code:

RE:	Property Address:		
	City:	State:	Zip Code:

Dear Escrow Agent,

As Administrator for our client _____, this letter authorizes you to proceed with closing the transaction for the property listed for our client as set forth within the terms and conditions contained in the Purchase Agreement, addendums and escrow closing instructions.

_____ American Pension Services Authorized Signature

_____ Print Name

_____ Date

Its: _____