



Documents Required Prior to Investment Funding

Below is the process for funding your real estate investment. This property will be part of your Midland investment portfolio. Incomplete documentation may result in delays.

To be supplied by client to Midland by fax/email/mail:

- Real Estate Purchase Authorization
 All sections of this form must be completed prior to funding.
- Proof of Hazard Insurance (not required for vacant land)
 Client can elect out of hazard insurance requirement by sending opt-out letter/email.

Midland will work with closing agent and attorneys to oversee preparation of:

- HUD/Settlement Statement
- Warranty Deed
 Preliminary is accepted.
- Title Insurance Commitment
 IRA account must be shown as the proposed insured. It is the client's reponsibility to record the deed properly.

IRA Investor's name, address, & Tax ID listed as owner:

Midland Trust Company As Custodian FBO Client Name and Midland Account # Client address

Trust Tax ID: 47-5560347

Typical closing timeline:

- · All documents will be provided for Midland's review prior to closing
- Midland will ask client to initial closing package indicating client approval
- A copy of fully-executed closing documents, along with closing proceeds must be sent to Midland
- Fully-executed closing documents, along with closing proceeds must be sent to Midland



Real Estate Purchase Authorization

1 ACCOUNT INFORMATION									
Name						Midland Account Number			
☐ Mr. ☐ M	Ms. ☐ Mrs. ☐ Dr								
2 PROPERTY DETAILS									
Property Address						City, State, Zip			
A.P.N. / Legal Description									
Property Contract Price Amount to b			Funded IRA Percentage		e of Ownership		Will the property be mortgaged?* No (Skip to Section 4)		
							Yes (Please complete Section 3)		
Do you plan on having hazard insurance? Yes No									
*Any mortgage on an IRA owned property must be non-recourse and may subject the IRA to Unrelated Debt Financed Income Tax. For more information consult									
your tax professional or review IRS publication 598.									
3 LOAN	N DETAILS (Only a	pplicab	le if there will be financin	g involved)					
Is this loan No	ion to set the mo	e mortgage Note Face Value		e Value	Loan #				
Yes No (Please Contact Midland)			payment up to go out automatically? Yes No						
Interest Rate	Payment Amount	Freque	ncy of Payments			☐ Intere	est Only, or	Maturity Date	
☐ Monthly ☐ Annually ☐ Other:				er:	Amortized				
Date of Month	Payment is to be Sent		Lender Name (Checks Made	Payable To)				Lender Phone	
Lender Address (Payment Mailed To)									
Debt Financing Acknowledgement									
By signing below, I confirm that I understand and agree to the following:									
1. The above referenced loan is a non-recourse loan and I have not agreed to any personal guarantees to help my Midland IRA account secure the loan.									
2. All mortgage	payments must be mad	e with IRA	A funds and that I, as the accour	nt holder, am resp				ts are being made from my IRA	
and that enough cash is maintained in the account to make the mortgage payments. 3. If my IRA should generate Unrelated Business Income Tax/ Unrelated Debt Financed Income (UBIT/ UDFI) tax, I understand that it is my responsibility to obtain a									
unique tax ID for my IRA and consult with a tax professional on filing IRS form 990-T. I understand that Midland is unable to determine for me if my IRA will be subject to UBIT/ UDFI.									
Signature:									
_									
4 TITLE COMPANY / ESCROW AGENT									
Company Name Contact									
Phone Numbe	er	Fax		Email	<u> </u>				
Signature:	ignature: Date:								

FOR PROCESSING, RETURN TO: Midland ◆ P.O. Box 07520 ◆ Fort Myers, Florida 33919 ◆ 239.333.1032 ◆ 239.466.5496 Fax ◆ midlandtrust.com/secure-upload



Real Estate Purchase Authorization

6 FUNDING INSTRUCTION	IS Please send the funds for pu	rchase via: WIRE CHECK TO BE PROVIDED					
Wire Fees: \$30 dome	omplete the info below stic \$50 international ediary bank, we will use our own	For CHECK - Please complete the info below Allow additional processing time if sent regular mail Void after 90 days					
Bank Name		Make Check Payable To					
Account Holder Name		Mail Check To					
ABA Routing Number	Account Number	Address					
For Credit To		City, State, Zip					
		Send Check via: Regular Mail Cashier's Check (\$30 + Overnight Fee) Overnight Mail (\$30) Hold for pick-up					
7 SIGNATURE AND ACKNOWLEDGEMENT							
specified above. I understand that my acc responsibility for any investment I choose specified in this Purchase Authorization. I use the Custodian (Midland Trust) sells or endo are not affiliated in any way with any investment Administrator and the Custodian are limite investment selection for my account. I acknot Custodian has provided or assumed responsivith respect to this investment, and I agree results from my decision to purchase the Administrator nor the Custodian has revie appropriateness or suitability of this investment diligence investigation prior to instructing the account. I understand that neither the Awhether this investment is acceptable under Act (ERISA), the Internal Revenue Code (IF laws, including securities laws. I understan investments to ensure compliance with these I understand that in processing this transactionly acting as my agent, and nothing will be either the Administrator or the Custodian. I a will not be liable for any investment losses shis transaction. I agree to indemnify and Custodian from any and all claims, damages reasonable attorneys' fees) and any loss to connection with this investment transaction or the Custodian for this investment, including actions and losses asserted by me. I understand that if this Purchase Authorization to received as required, or, if received, are if there is insufficient Undirected Cash in my purchase the investment and to pay all fe transaction until proper documentation: Administrator will have no liability for loss of in I understand that my account is subject to the \$4975, which defines certain prohibited transaction until proper documentation. Administrator will have no liability for loss of in I understand that my account is subject to the \$4975, which defines certain prohibited transaction until proper documentation is Administrator will have no liability for loss of in I understand that my account is subject to the \$4975, which defines certain prohibited transaction until proper documentation.	ewed or will review the merits, legitimacy, ent, and I certify that I have done my own due Administrator to make this investment for my diministrator nor the Custodian determines the Employee Retirement Income Securities RC, or any applicable federal, state, or local did that it is my responsibility to review any requirements. Ition the Administrator and the Custodian are econstrued as conferring fiduciary status on gree that the Administrator and the Custodian insustained by me or my account as a result of it hold harmless the Administrator and the, liability, actions, costs, expenses (including my account as a result of any action taken in or resulting from serving as the Administrator g, without limitation, claims, damages, liability, on and any accompanying documentation are unclear in the opinion of the Administrator, or account to fully comply with my instructions to tes, the Administrator may not process this and/or clarification is received, and the noome or appreciation. The provisions of Internal Revenue Code (IRC) ansactions. I acknowledge that neither the or will make any determination as to whether under any other federal, state or local law. I constitute a prohibited transaction and that it	If this investment generates UBTI, I understand that I will be responsible for preparing or having prepared the required IRS Form 990-T tax return and any other documents that may be required. I understand that neither the Administrator nor the Custodian makes any determination of whether or not investments in my account generate UBTI. I understand that the assets in my account are required by the IRS to be valued annually as of the end of each calendar year. I agree to provide the prior year end value of this investment by no later than January 10th of each year on a form provided by the Administrator, with substantiation attached to support the value provided. I understand that with some types of accounts there are rules for Required Minimum Distributions (RMDs) from the account. If I am now subject to the RMD rules in my account, or if I will become subject to those rules during the term of this investment, I represent that I have verified either that the investment will provide income or distributions sufficient to cover each RMD, or that there are other assets in my account or in other accounts that are sufficiently liquid (including cash) from which I will be able to withdraw my RMDs. I understand that failure to take RMDs may result in a tax penalty of 50% of the amount I should have withdrawn. I understand that all communication regarding this transaction must be in writing and must be signed by me or by my authorized agent on my behalf, and that no oral modification of my instructions will be valid. I understand and agree that neither the Administrator nor the Custodian bears or assumes any responsibility to notify me or to secure or maintain any fire, casualty, liability or other insurance coverage, including but not limited to title insurance coverage, on this investment or on any property which serves as collateral for this investment. I acknowledge and agree that it is my sole responsibility to decide what insurance is necessary or appropriate for investments in my account, and to direct the Ad					

FOR PROCESSING, RETURN TO: Midland ♦ P.O. Box 07520 ♦ Fort Myers, Florida 33919 ♦ 239.333.1032 ♦ 239.466.5496 Fax ♦ midlandtrust.com/secure-upload

Signature:

Print Name: