



Real Estate Investment Kit



When To Use This Kit

When you want to purchase Real Estate with your Self-Directed IRA.

Fees and Processing Times

Transaction Fee:

Purchase Of Asset - \$125.00

Check or Wire Fees May Apply:

Check Fee - \$5.00 Wire Fee - \$30.00

Annual Recordkeeping Fee: \$325 per Asset and \$100 per Mortgage Liability to a maximum annual fee of \$1950.

Processing Time

Vantage will process your transaction within 2 business days once all documentation is received in good order.

Contact Information

Physical Address: 20860 N. Tatum Blvd. #240

Phoenix, AZ 85050

Website: VantageIRAs.com

Email: RealEstate@VantageIRAs.com

Documents Needed

Real Estate Puchase

- Buy Direction Letter
- ☐ Payment Authorization Letter (To Open Escrow)
- ☐ Signed Contract
- ☐ Due Diligence Activities and Investment Representations Release

(If you are not using a title company, please contact us for additional documents.)

Need Help? Call 866.459.4580 and an IRA Transaction Specialist will assist you. Or, visit VTools online.

Submission Options

Mail: Vantage Self-Directed Retirement Plans

20860 N. Tatum Blvd. #240

Phoenix, AZ 85050

Fax: 480.306.8408

Email: RealEstate@VantageIRAs.com



YOU MAY FAX OR EMAIL THESE DOCUMENTS



Having established your Vantage Self-Directed IRA and funded your account, below is a high level flowchart to assist you in the transaction process of investing in Real Estate. Please refer to our Real Estate Investment Purchase Checklist or contact us for step-by-step instructions.

Submit Accepted
Purchase Contract

Vesting on all contracts and addendums to read: Vantage Retirement Plans, LLC FBO your name (Trad, Roth, SEP) IRA Submit A Buy Direction
Letter and Payment
Authorization Letter

- ★ The Payment Authorization Letter is needed to transact an earnest money deposit
- Do avoid a prohibited transaction; do not use personal funds for earnest money deposit

Vantage Contacts

Title Company

- Your chosen Title Company creates closing documents
- Closing documents will be sent to Vantage and then forwarded to you to Read and Approve
- Vantage will sign on behalf of your IRA

Vantage Will Fund
Your Transaction

Vantage will send the purchase funds to the chosen Title Company to complete the transaction



DOCUMENTS REQUESTED FROM TITLE COMPANY PRIOR TO FUNDING A REAL ESTATE PURCHASE

To better serve you, the following documents are requested to efficiently complete your transaction.

All Vestings to Read: "Vantage Retirement Plans, LLC FBO CLIENT NAME (Trad, Roth, SEP) IRA" Address: 20860 N. Tatum Blvd., Ste 240, Phoenix, AZ 85050

Items Submitted by Title Officer/Closing Attorney:

- Escrow Instructions
- Settlement Statement or HUD1 Closing Statement
- Copy of Deed Drafted such that recorded deed is mailed to our office
- Preliminary Title Report/Title Commitment or signed Declaration waiving title insurance
- Non-Recourse Loan Documents (If applicable), contact Vantage to coordinate signing loan documents
- Wire Transfer Instructions
- Rental and/or Property Management Agreement (Required only if property is income producing)
- A Reference Number for any courier pick ups
- Any other miscellaneous documents prepared for this transaction

All documents that apply to this transaction must be received by Vantage two (2) days prior to closing as Vantage must obtain client's written approval of documents prior to signing on behalf of the IRA.

At close of Escrow, Administrator Must Receive The Following:

- Closing Statement
- Original Deed
- Title Insurance Policy
- Hazard Insurance Policy showing the vestee as insured
- For any loans, a statement showing loan number, first payment due date, amount due, where payments are to be made, additional instructions requested (e.g., additional principal payments and coupon books)
- Receipt or confirmation for all recordings

Please Note:

- Closing documents must be "Read and Approved" by the client and received at least two (2) business days prior to funding
- Funding can only occur if documents are complete and vested appropriately

Documents submitted to Vantage Retirement Plans:

By Email:By Mail:By Fax:RealEstate@VantageIRAs.comVantage Retirement Plans, LLC(480) 306-8408

20860 N. Tatum Blvd., Ste 240

Phoenix, AZ 85050



Buy Direction Letter

Real Estate

Date Stamp (Office use only) Rev. 5/27/15

This is a fillable PDF form. To complete the form, click in an area and type.

egal Name: Vantage First, Middle, Last				ecount #:			
	HORIZE AND DIRECT ADMINIS	TRATOR TO BU	YTHE BELOW	ASSET FOR M	Y ACCOUNT:		
Real Estate Asset							
Property Address: _		City	y:	State:	Zip:		
information. Additional settler	t (The total purchase amount as reflected on the nent charges may be listed on Escrow Instruction		this changes, please s	end in an addendum t	o update this		
•	lected on the Purchase Contract. Do not fund es		_	disqualifying event.)	%		
	Mortgaged? O Yes O No (If Yes,	complete a Payment Aı	uthorization Letter to	direct funds from you	r Vantage Account to		
	orney(s) (Entity(ies) responsible for closing s, phone, email, and fax numbers.)	the transaction between	n IRA account and th	e Seller. If multiple ent	ities, please include all		
Transaction Fees If cash balance is inadequate.	(All fees due at time of transaction. If no indica transaction will not be processed.)	ation is made, fees will l	be deducted from you	r univested cash balar	ace if available.		
	To Pay The Transaction Fees?						
O Vantage Account	O Check (Made payable to Vantage)	O Visa	Омс	O Discover	O AME		
Name On Card:							
				CVC:			
Card Number:			Exp.:				
Card Number: Billing Address: City:			Exp.:				
Card Number: Billing Address: City:			Exp.:				
Card Number: Billing Address: City: Delivery Instruct	ions		Exp.:	Zip:			
Card Number: Billing Address: City: Delivery Instruct O CHECK (Check to Payee	ions	CHECK (Made paya	Exp.:	Zip:			
Card Number: Billing Address: City: Delivery Instruct O CHECK (Check to Payee Payable To:	ions :/Seller) (<i>\$5 Fee</i>) O CASHIER'S	CHECK (Made paya	Exp.:	Zip: (\$30 Fee)			
Card Number: Billing Address: City: Delivery Instruct O CHECK (Check to Payee Payable To: O Will Pick Up	ions :/Seller) (\$5 Fee) O CASHIER'S	CHECK (Made paya P.O. Box) <i>(\$30 Fee)</i>	Exp.: State: able to Payee/Seller) (Zip: (\$30 Fee)			
Card Number: Billing Address: City: Delivery Instruct O CHECK (Check to Payee Payable To: O Will Pick Up Mail To Address:	ions (/Seller) (\$5 Fee)	CHECK (Made paya P.O. Box) (\$30 Fee)	Exp.: State: able to Payee/Seller) (O Regular M City:	Zip: (\$30 Fee) Tail State:	ZIP:		

Deliver	y Instructions (continu	ued)		
O ACH:	Bank Name:		_Account #:	Routing #:
	o funding, all transact gnature and date. (For			d and approved" with
retirement a	ccount (the "Account") on behalf ond conditions of this document a	of the custodian ("Custodian") a	as set forth in Account Owne	s in connection with Account Owner's self-directed r's account application (the "Account Application") rms and conditions of the Account Application are
or due dilige that Admini forth in this investor wou Custodian d ("IRC"), or a	ence or review the merits, legitima istrator or Custodian provide, an Buy Direction Letter. I understan ald undertake prior to making any etermine whether any investmen	acy, appropriateness, security, d Administrator and Custodia d that it is my responsibility to v investment, including, but no t is acceptable under the Empl cal law, including securities la	and/or suitability of any in in have not provided, any a conduct all due diligence a t limited to, title and lien sea oyee Retirement Income So	r and Custodian will not conduct any investigation vestment. I acknowledge that I have not requested advice with respect to the investment directive set and all other investigation that a reasonably prudenturches. I understand that neither Administrator not ecurities Act ("ERISA"), the Internal Revenue Code my responsibility to review any investments for all
the IRC, ER from any cla or this inves with the IRC Buy Direction Administrat my Account including, by to fully reim or Custodian Litigation Co obtain full re	ISA, and/or any applicable federa ims, including, but not limited to, tment, including, but not limited to, tment, including, but not limited to C. ERISA, and/or any other applic on Letter. In the event of a claim by or and Custodian have the full and amounts sufficient to pay for any ut not limited to, all attorneys' fee burse Administrator and Custodia n, I will promptly reimburse Admosts, Administrator and Custodia	al, state, or local law. I agree to actions, liabilities, losses, pena to, claims that an investment is cable federal, state, or local law any party related to my accoud unequivocal right, at their sol costs and expenses incurred best and costs, and internal costs an for all Litigation Costs incurinistrator and Custodian the on have the full and unequivocests. I also understand and agree the cost incurred by the costs and costs and costs and custodian the contact and account and agree the costs. I also understand and agree the costs incurred by the costs. I also understand and agree to account the costs and costs.	o release, indemnify, defend lties, fines and/or claims by sonot prudent, proper, diver- w, or any claim related to in nt and/or investment where e discretion, to select their of y Administrator or Custodia is (collectively, "Litigation Corred by Administrator and/o butstanding balance of the la al right to freeze my assets,	nt and/or my investment as such term is defined in and hold Administrator and Custodian harmless others, arising out of this Buy Direction Letter and sified, properly secured, or otherwise in compliance complete or incorrect information provided in this ein Administrator or Custodian is named as a party own attorneys to represent them and to deduct from an in connection with such claims and/or litigation osts"). If there are insufficient funds in my Account or Custodian, upon demand by Administrator and/or Custodian, upon demand by Administrator and/or Litigation Costs. If I fail to promptly reimburse the liquidate my assets, and/or initiate legal action to ustodian are not required to take any action should
property is it asset is in ac under the fo different tha and such ille the terms A	nsured, the IRA must be named. I cordance with the rules of my Acc regoing hold harmless provision. In as set forth herein. If any provis regality or invalidity does not affect dministrator and Custodian inclu	am directing Administrator to count, and I agree to hold harm I understand that no person af tion of this Buy Direction Lette et the remaining provisions, what their agents, assigns, joint	of fund this transaction as species and without liability Adfiliated with Administrator r is found to be illegal, invalidation remain in full force an ventures, licensees, franch	to insure this asset is the Account Holder's. If the ecified above. I confirm that the decision to buy this dministrator and Custodian for all investment risks or Custodian has any authority to agree to anything d, void, or unenforceable, such provision is severed deffect. For purposes of this Buy-Direction Letter isees, affiliates and/or business partners. I declare owledge and belief, it is true, correct, and complete
I understand	d that all terms and conditions set	forth in my Account Applicati	on and other documents fro	om Administrator remain in full force and effect.
	s with insufficient funds will not l action plus fees must be available	_		being deducted from your account, the full amoun
NOTE: Ple	-	ness days to complete your i	request. Documents receiv	ed after 2pm will be considered as received the

Account Owner's Signature:

(I have read the disclosure above the signature line before signing and dating and agree with its contents.)



Payment Authorization Letter

Date Stamp (Office use only) REV. 8/16/13

MASTER

This is a fillable PDF form. To complete the form, click in an area and type.

Account Owner Info						
Legal Name:	First, Middle, Last Vantage Account #:			Account #:		
I HEREBY AUTHOR	I HEREBY AUTHORIZE AND DIRECT ADMINISTRATOR TO PAY FROM MY ACCOUNT THE FOLLOWING:					
Asset Property Address (A	s applicable)					
City:			State:	Zip		
O Mortgage O Earnes	st Money	O Property Taxes	O Insurance	O Home Ow	ner Association	OUtilities
O Maintenance / Repairs	O Oth	er (Please specify)		Percentag	ge of Ownership:	%
Payment Informatio	n					
Amount to be Paid: \$		○ Wire (\$30 Fee)	○ Check	(\$5 Fee)	○ Cashier's	Check (\$30 Fee)
Check Payable To:						
Address:		(Paguined)		O Ho	old At Vantage Offic	ce For Pick-Up
City:						
Payment Frequency						
○ Monthly ○ Quar *If requesting reoccurring payr Beginning Date:	nents with amou		"Amount to be Paid	' blank and select " A	-	MASTER on Frequency
Transaction Fees						
○ Vantage Account	O Check	K (Made payable to Vantage)	O Visa	ОМС	O Discover	O AMEX
Name On Card:						
Card Number:			Exp.:		CVC:	
Billing Address:						
City:					ip:	

Signature

Vantage Retirement Plans, L.L.C. ("Administrator") performs recordkeeping and administration duties in connection with Account Owner's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account Owner's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and condition of the Account Application are incorporated herein.

I understand that my Account is a self-directed retirement account and that Administrator and Custodian will not review the merits, appropriateness, security and/or suitability of any investment in connection with my Account. I acknowledge that Administrator and Custodian do not endorse, approve, or recommend any companies, products, services, or investments. I acknowledge that I have not requested that Administrator or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that Administrator and Custodian do not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws, including but not limited to whether my investment is a security requiring registration under any Blue Sky Laws or applicable Securities Laws. I understand that it is my sole responsibility to review any investments to ensure compliance with these requirements.

I understand that if the services of Administrator or Custodian were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, or subsidiaries of Administrator or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties, or agreements, made by any such person or entity.

I understand that no person affiliated with Administrator and Custodian, any of its licensees, licensors, or franchisees, has authority to agree to anything different than as set forth herin. I understand that neither Administrator nor Custodian is a fiduciary for my account as such term is defined in the IRC, ERISA, Securities Laws, or any applicable federal, state, or local laws. I agree to release, indemnify, defend, and hold Administrator and Custodian harmless from any claims arising out of my Account including, but not limited to, claims that an investment is not prudent, proper, diversified, properly secured or otherwise in compliance with ERISA, the IRC, Securities Laws, or any other applicable federal, state, or local laws. I also understand and agree that Administrator is not required to take any action should there be any default in connection with my account.

I confirm that the decision to make the payment set forth herin is in accordance with the rules of my Account. I confirm that the decision to make the payment set forth herein is in accordance with the rules of my Account. I understand that Vantage does not determine if my payment is qualified under IRA or HSA guidelines, and I agree to hold Administrator harmless and without liability.

I assume all responsibility in ensuring that Administrator, or Custodian are provided with full payment instructions including, but not limited to, payment amounts, due dates, addresses of payees, and account numbers. This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator.

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. Please fax or mail this form to your Administrator's office.

PAYMENT WILL NOT BE PROCESSED WITHOUT AN INVOICE

NOTE: Please allow Vantage two (2) business days to complete your request. Documents received after 2pm will be considered as received the next business day.

Payment Authorization Signature:	Па	to.
i ayıncın Addıol izadon Signature	Da	ic



DUE DILIGENCE ACTIVITIES AND INVESTMENT REPRESENTATIONS RELEASE OF VANTAGE RETIREMENT PLANS, LLC

I,
I understand and agree that neither Custodian nor Administrator will not offer and will not provide, through its website, workshops, of otherwise, any investment advice, structure, guidance, or strategies, or any tax advice, legal advice, due diligence, research, recording or title services or endorsement of professional relationships or products ("Advisory Activities"). I understand and agree that neither Custodian nor Administrator have made, through its website, workshops, or otherwise, and I am not relying upon, any representations, warranties, promises, or guarantees regarding any investment, including, but not limited to, the quality of an investment, investment performance, preservation of capital, return on capital, feasibility of an investment strategy, security lien positions, placement of security interests, the credibility of business practices, ethics of any kind, or an investment compliance with the Employee Retirement Income Securities Act ("ERISA"), the Internal Revenue Code ("IRC"), or any applicable federal, state, or local law, including securities laws ("Investment Representations"). If I desire any Advisory Activities or Investment Representations, I will not look to or rely of Administrator or Custodian, in the broadest sense, but will consult with an appropriate legal, accounting, or financial professional.
I am aware of the transactions prohibited by Internal Revenue Code Section 4975 ("Prohibited Transactions"). I will not participate in or reques Administrator to participate in any Prohibited Transaction, and I will fully indemnify Administrator and Custodian in the event I participate in any Prohibited Transaction.
Understanding that neither Custodian nor Administrator does not provide Advisory Activities, make Investment Representations, or participate in Prohibited Transactions, I release Administrator from any claims regarding Advisory Activities, Investment Representations, and Prohibited Transactions in the broadest sense. Specifically, I release and forever discharge Administrator and Custodian, and covenant not to directly or indirectly sue for or otherwise assert against Administrator, in any forum, any and all claims of any nature whatsoever, which I had, now have, or may claim to have against Administrator or Custodian, arising out of or related to Advisory Activities, Investment Representations, or Prohibited Transactions. This release extends to all claims, whether known or unknown, present or future. It is my intention to fully, finally, and forever release any claims regarding Advisory Activities Investment Representations, or Prohibited Transactions, and in furtherance of this intention, this release remains in effect as a full and complete release notwithstanding the discovery of any additional claims or facts.
I understand and agree that neither Administrator provides services as a record keeper and administrator, and that no communication between me, Administrator and Custodian, whether by e-mail, U.S. Mail, facsimile, direction/authorization letter, or otherwise, creates a contractual relationship Administrator may communicate with me by e-mail, and I will regularly check the e-mail address(es) that I provide to Administrator. I will provide written notice to Administrator within ten (10) days of any change in the contact information provided to Administrator. Administrator may cease providing services and resign as administrator if I do not respond to written correspondence from Administrator or fail to pay Administrator's fees.
I have carefully read this document and I understand its contents. I understand that upon signing below, this document becomes a legally enforceable agreement under which I will be giving up rights and potential claims. I have been encouraged to have legal counsel review this agreement before signing it.
I have freely signed this document inDate
(City, State)
ВУ
SIGNATURE
PRINT NAME
Page 1 a