

Buy Direction Letter

Date Stamp (Office use only) Rev. 8/25/2023

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

Account Owner Information (As	it appears on your account applicatio	on)			
First Name:	Last Name:	Midd	lle Initial:		
Vantage Account #:					
I HEREBY AUTHORIZE AND DIREC	T ADMINISTRATOR TO BUY	THE BELOW ASSET FO	R MY ACCOUNT:		
Alternative Investment Inform	ation				
Private Entity Investment:					
Limited Liability Company (LLC) Non-Traded Real Estate Investment Entity Name:	Trust (Non-Traded REIT)	Other:	<u>.</u>		
		Share Class:			
Total Number of Shares / Units To Be I Dividends: Payout Reinve	Purchased: Pur	-			
Direct Real Estate Property Inv	estment:				
Direct Real Estate Property					
Property Address:					
City:			Zip:		
Closing Date:					
Total Purchase Price: \$	Percentage	Percentage of Ownership To Be Purchased:%			
Earnest Money: \$	(If Yes, c	Is the Property To Be Mortgaged? Yes No (If Yes, complete a Payment Authorization Letter to direct funds from your Vantage Account to make mortgage payments.)			
Debt Offering Investment:					
Convertible Note Unsecure	ed Note	Debenture			
Secured Note* Secured 3. *Complete additional information in the Secured Note s	Note-Seller Carry Back ection in addition to information below	Other:			
Borrower Name:	Borrowe	r Tax ID Number:			
Is the Note New or Existing? New	O	ıe of Note: \$			
Total Purchase Price: \$	Percentage	of Ownership To Be Pur	chased:%		
Maturity Date:		Interes	t Rate:%		
Frequency of Payments: Monthly	Annually Other:				

Secured Note	Only:						
Real Estate - Pro	pperty Address:		Clos	sing Date:			
Vehicle / Mobile	e Home - VIN #						
Other - Description	on:						
Investment Co	ontact Information (If mu	ltiple contacts, please include all info	rmation within the Spe	cial Instructions below)			
Type of Contact:	Asset Sponsor/Manager	nager Escrow/Title/Attorney(s)		icer Borrower			
Contact Name:		Compa	ny:				
Email:		Phone:					
Address:		_ City:	State:	Zip:			
Annual Fair M	Iarket Valuation						
Provided By:	Asset Sponsor/Manager	Account Owner	Other:				
Contact Name:		Compa	ny:				
Email:		Phone:					
Address:		City:	State:	Zip:			
	Cees (All fees due at time of transact lance is inadequate, the transaction u		l be deducted from your	un-invested cash balance,			
How Would You Lil	ke To Pay The Transaction Fee	es?					
Vantage Account	Visa	MC	Discover	AMEX			
]	Exp:				
Billing Address: City:		Stat	e:	_Zip:			
	ructions (Please reference your		e transaction fees)				
	ference Information:		•				
	y option selected, we will default to regular mail)						
Regular Mail	Overnight (Cannot be delivered	d to a P.O. Box)					
Mail to Address:		City:	State:	Zip:			
WIRE	ACH Bank Account #:		Bank Routing	#:			
Account Ho	older's Name:	Bank N	Name:				
Account Ho	older's Address (Required for Wires)	City:	State:				

Special Instructions
Prior to funding, all transaction documents must be notated "read and approved" with your signature and date. (Example: Subscription documents, real estate notes, promissory notes.)
Vantage Retirement Plans, L.L.C. ("Administrator") performs recordkeeping and administration duties in connection with Account Owner's self-directed 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 conditions of the Account Application are incorporated herein.
I, the undersigned Account Owner, understand that my Account is self-directed and that Administrator and Custodian will not conduct any investigation or due diligence or review the merits, legitimacy, appropriateness, security, and/or suitability of any investment. I acknowledge that I have not requested that Administrator or Custodian provide, and Administrator and 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 and all other investigation that a reasonably prudent investor would undertake prior to making any investment, including, but not limited to, title and lien searches. I understand that neither Administrator nor Custodian determine whether any investment is acceptable under the Employee Retirement Income Securities Act ("ERISA"), the Internal Revenue Code ("IRC"), or any applicable federal, state, or local law, including securities laws. I understand that it is my responsibility to review any investments for all investment risks and to ensure compliance with these requirements. I understand and agree that neither Administrator nor Custodian is a "fiduciary" to me nor for my Account and/or my investment as such term is defined in the IRC, ERISA, and/or any applicable federal, state, or local law. I agree to release, indemnify, defend, and hold Administrator and 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, properly secured, or otherwise in compliance with the IRC, ERISA, and/or any other applicable federal, state, or local law, or any claim related to incomplete or incorrect information provided in this Buy Direction Letter. In the event of a claim by any party related to my account and/or investment wherein Adminis
I am directing Administrator to fund 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 Administrator and Custodian for all investment risks under the foregoing hold harmless provision. I understand that no person affiliated with Administrator or Custodian has any authority to agree to anything different than as set forth herein If any provision of this Buy Direction Letter is found to be illegal, invalid, void, or unenforceable, such provision is severed and such illegality or invalidit does not affect the remaining provisions, which remain in full force and effect. For purposes of this Buy Direction Letter, the terms Administrator and Custodian include their agents, assigns, joint ventures, licensees, franchisees, affiliates and/or business partners. I declare that I have examined this document, including all accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.
I hereby authorize the Custodian for my self-directed account to execute the purchase of assets from time to time through the specified brokerage account at upon my instruction or the instruction of my representative and further authorize the Custodian to allow such broker to hold possession of such assets until further instructed.
I understand that all terms and conditions set forth in the Account Application, attached disclaimers, and other documents from Administrator remain in full force and effect, as applicable.
Transactions with insufficient funds will not be processed until sufficient funds are received. 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.
Account Owner's Signature: Date:
modulit owner a dignature, Date, Date,

Page 3 of 5

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

Private Entity and Unsecured Note Disclaimer and Indemnity Agreement

This Disclaimer and Indemnity Agreement ("the Agreement") confirms the mutual understanding and agreement between Administrator and the Account Owner ("you") regarding the proposed investment by your Account in the above-named Entity/Borrower. Your account is referred to in this document as the "Account", regardless of whether it is a custodial account or a retirement account under Internal Revenue Code (the "IRC") §401, §408cor §408A, a Coverdell Education Savings Account under IRC §530, or a Health Savings Account under IRC §223. You must sign this agreement and return it to the Administrator prior to making the investment in the Entity/Borrower.

- 1) You understand and agree that neither Custodian nor Administrator approves investments or actions you take or direct Custodian or Administrator to take on behalf of your Account. Custodian and Administrator are limited in their responsibilities under your Account as set forth in your Account Application, and their responsibilities do not include investment, legal, or tax advice or investment selection of any kind.
- 2) You understand and agree that neither Custodian nor Administrator reviews nor approves any subscription agreement, operating agreement, by-laws, limited or general partnership agreement, annuity agreement, or any other similar agreement regarding the purchase or operation of the Entity/Borrower and has no obligation to you in this regard.
- 3) You represent that you have completed all required due diligence on the Entity/Borrower. You understand and agree that neither Custodian nor Administrator makes any attempt to evaluate the Entity/Borrower. For example, they make no attempt to: check the financial strength of the Entity/Borrower, check with the Secretary of State to see if the Entity/Borrower is in good standing, or check with the Securities and Exchange Commission, the Better Business Bureau, or any other governmental or non-governmental agency regarding any complaints filed against the Entity/Borrower. You, as the owner of the Account, are 100% responsible for evaluating the Entity/Borrower, its operations, and the investment potential of the Entity/Borrower, including taking the steps described in the preceding sentence.

Retirement Accounts Only:

- 4) You understand and agree that you are solely responsible for making sure that the Entity/Borrower was not formed and will not operate in a way that does or may lead to a Prohibited Transaction as that term is defined in IRC §4975.
- 5) You understand and agree that you are responsible for confirming that none of the "disqualified persons" with respect to your Account are associated in any way with the Entity/Borrower. You understand and agree that if the Entity/Borrower becomes a "disqualified person" (as that term is defined in IRC §4975) upon funding (this may occur, for example, if your Account and other disqualified persons, including you personally, own more than 50% of the Entity), then any future mandatory capital calls may be considered a Prohibited Transaction. As with any Prohibited Transaction, if this occurs, your Account may be deemed to be distributed to you as of January 1 of the year in which your Account contributes the additional capital, and penalties may apply. Therefore, by signing this agreement, you indemnify and hold harmless Administrator, its officers, directors, shareholders, and employees against any liability associated with funding a capital call which is or may be a Prohibited Transaction.
- 6) You understand and agree that neither Custodian nor Administrator has given you any tax advice regarding the possibility that your Account may be subject to Unrelated Business Income Tax ("UBIT") as a result of its investment in the Entity/Borrower. If your Account owes UBIT on its profits from the Entity/Borrower, you agree to prepare or cause to be prepared and filed a IRS Form 990T, and any similar filing required under applicable state laws, for each year with respect to which any such form is required, and to cause your Account to pay any UBIT that is reported in such forms. You understand and agree that any UBIT owed must come from funds belonging to the Account. Your agreement to indemnify and hold harmless, as above, includes liability of the parties named therein with respect to UBIT and the preparation and filing of IRS Form 990T and similar state tax filings.
- 7) You agree and understand that Administrator is required to report the fair market value of the Account to the Internal Revenue Service each year. You agree to obtain a fair market value for the Account's investment in the Entity/Borrower as of December 31 each year and report this information to Administrator on a form approved by Administrator no later than January 15 of the following year. You understand and agree that Administrator is entitled to rely on the valuation provided by you for reporting purposes and bears no responsibility as to the accuracy of the information provided. You understand and agree that until a different valuation is reported to Administrator, the value of the investment in the Entity/Borrower will be reported based on the Account's total investment in the Entity/Borrower. This valuation information is also reported to the IRS on Form 5498. You understand and agree that if you fail to provide a fair market value to Administrator as required, Administrator may withdraw as Administrator of your Account and distribute any assets to you or to a successor Custodian.
- 8) You represent that you understand that with some types of Accounts there are rules for required minimum distributions from the Account. If you are now subject to the required minimum distribution rules for your Account, or if you will become subject to those rules during the term of the investment, you represent that you have verified either that the Entity provides distributions that will be sufficient to cover each required minimum distribution, or that there are other assets in your Account, or in other accounts that you may access for this purpose, that are sufficiently liquid (including cash) from which you will be able to withdraw your required minimum distributions as they become required.
- You understand and agree that if the Plan Asset Regulations issued by the U.S. Department of Labor (29 C.F.R § 2510.3-101) apply, the Entity is disregarded for purposes of the Prohibited Transaction rules of IRC §4975. In that case, the underlying assets of the Entity are considered to be the assets in which your Account is investing, and each of the statements above regarding the Entity must be true with regard to each of the assets that the Entity invests in. You represent that you either understand the Plan Asset Regulations and Interpretive Bulletin 75-2 or that you have sought competent legal counsel regarding the Plan Asset Regulations and Interpretive Bulletin 75-2 (29 C.F.R § 209.75-2) and their potential application to the Entity, prior to making your investment decision.

Page 4 of 5

Phone: 866.459.4580 | Fax: 480.306.8408

Private Entity and Unsecured Note Instruction Letter

Administrator has received instructions from the above referenced Account Owner concerning an investment in the above named entity (the "Entity") through his or her Account. The account to be invested is referred to in this document as the "Account", regardless of whether it is a retirement account under Internal Revenue Code (the "IRC") §401, §408 or §408A, a Coverdell Education Savings Account under IRC §530, or a Health Savings Account under IRC §223. The following instructions must be followed to ensure compliance with both IRS requirements and Administrator policy.

1) Contact information and the correct mailing address for this investment should be listed as follows in your records:

Attn: Vantage Retirement Plans, LLC Address: 8742 E. Via de Commercio City, State, Zip: Scottsdale, AZ 85258 **Phone:** 866.459.4580 **Fax:** 480.306.8408

All notices concerning the investment in the Entity should be sent to Administrator at the above address, with a copy to the Account Owner. Any questions pertaining to the Account should be referred to Administrator.

- 2) Because of federal privacy laws, Administrator is not able to answer third party inquiries about the Account unless the Account Owner has filed with Administrator an original Interested Party Designation or Power of Attorney giving the person making the inquiry authority to obtain information on the Account.
- 3) The Account Owner may not personally guarantee on behalf of the Account any indebtedness of the Entity to a third party nor may the Account Owner guarantee any indebtedness of the Account to the Entity.
- 4) If this investment is for accredited investors only, the Account Owner, in his or her capacity as the beneficiary of the Account, must sign any required accredited investor certifications.

Retirement Accounts Only:

- 5) All vestings to read: Vantage FBO [First and Last Name] [IRA type: Traditional, Roth, SEP] IRA
- 6) Administrator requires the employer identification number (the E.I.N.) for the Entity. Please provide us this information for our records prior to our funding this investment.

Do not use the Account Owner's personal social security number with respect to this investment for any purpose. If the Account is an investor to which a K-1 or similar tax document will be issued, please use the following E.I.N.: 20-6350474 If the Account is a 100% owner of the Entity, the Entity must apply for its own E.I.N. It is not permitted under the Administrator policy to use the E.I.N. listed above for any purpose other than the issuance of a K-1 or similar tax document to the Account.

- Original stock certificates, membership certificates, or other proof of ownership showing the proper vesting must be sent to and held by Administrator on behalf of the Custodian and the Account.
- 8) All payments, income, distributions, or payoffs for this investment must be sent to Administrator for the benefit of the Account. Under the Internal Revenue Code, it is never acceptable to send funds directly to the Account Owner (or the Account Owner's nominee or designee).
- As the owner of the investment on behalf of the Account, Administrator (who is acting on behalf of Custodian in this respect) must be notified promptly of any change in address, telephone number, or company status (such as bankruptcy filings, regulatory agency investigations or litigation).
- 10) If the Account Owner dies, requests a distribution of the asset, converts the IRA to a Roth IRA, obtains a divorce in which the Account is awarded to the Account Owner's former spouse, or changes the Custodian or Administrator of the Account, it may be necessary to change the ownership and address listed as the investor in the Entity. In any of these events, Administrator, the Account Owner, or the successor to a deceased Account Owner in the case of death, will provide written notice of any such change. You will be required to change your records to reflect the new information at that time.
- 11) In the event that future capital contributions to the Entity are required or desired (and provided the Account Owner determines that the capital call is not a prohibited transaction under Internal Revenue Code §4975 and there are sufficient funds in the Account), all funds must come from the Account. The Account Owner may not advance funds on behalf of the Account.

Phone: 866.459.4580 | Fax: 480.306.8408





Buy Direction Letter



When To Use This Letter

If you are purchasing Private Entities (including LLC, LP, and C-Corp investments), Non-traded REIT Investments, Direct Real Estate Properties, Convertible Notes, Unsecured Notes, and Secured Notes.

Documents to Complete & Submit

Private Entities

Completed and signed Subscription Agreement; or Operating/Partnership Agreement, including a schedule of members indicating the account's membership interest.

Direct Real Estate Property

Completed and signed Payment Authorization Letter (to open escrow)

Signed contract

Closing documents "Read and Approved" by Account Owner

Unsecured Promissory Notes and Debentures

Promissory Note with maturity date including borrower and lender signatures

Convertible Notes

Promissory Note and equity instrument with maturity date including borrower and lender signatures

Copy of Subscription Agreement (if applicable) Secured Notes - Real Estate

Secured Notes - Real Estate

Closing documents "Read and Approved" by Account Owner

Recorded Deed

When To Use This Letter

Vantage will process your transaction within three (3) business days once all documentation is received in good order.

Submission Options

Online: VantageIRAs.com

Mail: Vantage Retirement Plans, LLC

8742 E. Via de Commercio Scottsdale, AZ 85258

Fax: Fax: 480.306.8408

Email: Info@VantageIRAs.com

Helpful Tips

Before submitting your transaction, please ensure:

- Your Vantage account is established
- Your account has available funds to make the investment
- To ensure timely receipt of deposits, dividends, and interest, please ensure payees are made appropriately
- For retirement accounts: "Vantage FBO CLIENT NAME (Trad, Roth, SEP, SIMPLE) IRA"
- For custodial accounts: "Vantage, as agent for CLIENT NAME"

Transactions must not involve disqualified parties as referenced in Internal Revenue Code §4975. Some transactions may generate Unrelated Business Income Tax (UBIT). Vantage encourages account holders to consult with the asset sponsor/manager or a tax professional to discuss the potential for UBIT.

Need Help? Call 866.459.4580 and an

Investment Transaction Specialist will assist you.



Payment Authorization Letter

Date Stamp (Office use only) Rev.9/26/2023

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

Master

Phone: 866.459.4580 | Fax: 480.306.8408

Account Owner	r Information	(As it appears on your o	account application)			
Legal Name:	First, M	Vantage Account #: First, Middle, Last				
Expense Inform						
Asset Description/I	Property Address	:				
Percentage of Own	ership:					
Type of Expense: (Select One)	Capital Call Insurance	LLC Formation Property Taxes	Earnest Money Utilities	Mortgage Home Maintenance/Repairs	eowners Association	
	Other (Please sp	ecify) :				
Payment Infor	mation					
One-Time Payr	nent - I hereby author	rize and direct Administra	tor to make a one-time pay	ment for a fixed amount to the	following:	
Payable to:		Amount: \$				
				invoice with amounts subject t		
				xpiration:		
				yments of a fixed amount to the	e following:	
_	_		ntage receiving payn			
•				nount: \$		
-		-	ly Semi-Annual			
_	-			e Payments to End:		
Delivery Instru		C	Date	e r ayments to End		
Delivery mstrt	ictions					
Check Memo or Ref	ference Informat	ion:				
CHECK (If no deli	very option selected, we	will default to regular ma	(i) CASHIER'S	CHECK		
Regular M	Iail Overn	ight (Cannot be delivered	l to a P.O. Box)			
Mail To Addı	ress:		City:	State:	Zip:	
WIRE AC	CH Bank Acco	ount #:	Ba	nk Routing #:		
Account Holders 1	Name:	ne: Bank Name:				
Account Holder's	Address (Required for	Wires) City:		State:	Zip:	
					Page 1 of 2	

${f Transaction Fees}$ (Please reference your Vantage fee schedule for applicable transaction fees.) How Would You Like To Pay The Transaction Fees? Visa MC Vantage Account Discover **AMEX** Name on Card: Card Number: Billing Address: _____ State: Zip: Signature Vantage Retirement Plans, L.L.C. ("Administrator") performs recordkeeping and administration duties in connection with Account Owner's self-directed 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 my Account is a self-directed account and the Administrator and Custodian will not review the merits, appropriateness, security and/or suitability of any investment in connection with my Account, I acknowledge the Administrator and Custodian do not endorse, approve, or recommend any companies, products, services, or investments, I acknowledge I have not requested the 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 the 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 it is my sole responsibility to review any investments to ensure compliance with these requirements. I understand 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 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 the Administrator is not required to take any action should there be any default in connection with my account. I confirm the decision to make the payment set forth herin is in accordance with the rules of my Account. I confirm the decision to make the payment set forth herein is in accordance with the rules of my Account. I understand 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 the 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 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. Funds must be available the business day prior. If the processing day falls on a weekend or holiday it will be processed the previous business day. Please allow for deposit and hold times.

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

Page 2 of 2

Payment Authorization Signature: