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866.818.4IRA(4472)

SOLO(K) REAL ESTATE INVESTMENT KIT

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MAILING ADDRESS

Please return originals to:

Regular Delivery

P.O. Box 26903
San Francisco, CA 94126-6903

Overnight Delivery

450 Sansome Street Floor 14
San Francisco, CA 94111-3306



- ✓ Use this guide to assist you in purchasing real estate within your PENSCO Trust Account.
- ✓ When purchasing real estate within your retirement Account, you should exercise the same due diligence as if you were purchasing it personally. PENSCO Trust acts only as a passive custodian and gives no investment advice. We require an independent escrow.

Overview

Terms Defined:

- ✓ The "IRA Owner" and "Solo(k) Participant" are referred to as: "Accountholder"
- ✓ "IRA" or "Solo(k) Plan" are referred to as: "Account"

1. The Accountholder must read, approve and sign all documents before forwarding them to PENSCO Trust for the custodial signature. The signed documents will then be returned, along with the funds, to the identified escrow agent for closing.
2. All documents must be vested as follows:
 - For IRAs: PENSCO Trust Company Custodian FBO 'Accountholder Name' IRA 'PENSCO Account #'
 - For Solo(k)s: PENSCO Trust Company Custodian of 'Plan Name' FBO 'Accountholder Name', 'PENSCO Account #'
3. PENSCO Trust Company's Tax ID: 02-0526633
4. Funds must be available in the Account before the contract is signed.
5. The initial deposit, any increased deposit or expense item, and all closing costs must be authorized for payment from the Account using our:
 - ✓ *Non-Public Investment Authorization form*, and
 - ✓ *Payment and Funding Instructions form*

The Accountholder should not make any deposits from their personal funds.

6. Should you require financing (a mortgage, deed of trust, seller carryback, loan assumption, etc.) either the note, or by separate agreement, must be non-recourse. In the event of default/foreclosure the lender can only look to the property as the sole source of repayment. The non-recourse lender cannot pursue other assets owned by the Accountholder or the Account.
7. Financing of an Account-owned property could result in taxes any the income (UDFI) and capital gain. Make sure to discuss this with a CPA or tax professional who is familiar with it, and who is able to file a 990-T Form for your Account.

Processing Requirements and Documentation

1. Proposed preliminary title report (or chain of title) with full property description (i.e. legal description and street address) (required)
2. An independent escrow (required)
3. Contract of sale, counter offers, escrow and closing documents, etc. These must all be drafted in the Account's name (see vesting instructions above), and be read and approved by the Accountholder. (required)
Please note: Contract cannot be reassigned from the Accountholder (or from certain other related parties) to the Account, as this could be construed as a prohibited transaction.
4. Title Insurance policy (required)
5. Phase I or Phase II Environmental report depending on circumstances (discuss with PENSCO Trust if you are not sure if you need this)
6. If you obtain fire & liability insurance then forward a copy of it to PENSCO Trust (optional)
7. Property appraisal (discuss with PENSCO Trust if you do not plan to provide this)
8. *Payment and Funding Instructions form (required)* Go to www.penscotrust.com for all PENSCO Trust forms.
9. *Non-Public Investment Authorization form (required)* - Use to authorize funds leaving your Account for earnest money, deposits, balances due upon closing, etc. You may use the Payment and Funding Instructions form alone for authorizing future expense payments related to the asset (i.e., property taxes, maintenance, etc.).
Please note: When completing this form, "Name of Investment" = The address or legal description of the property.

If you have any further questions, please feel free to contact Client Services at 800-969-4472. You may find all of the above forms as well as additional educational material on real estate investing within a retirement account at www.penscotrust.com.



PENSICO TRUST COMPANY

Please return by:

Fax: 415-956-3016

Regular Mail:

P.O. Box 26903
San Francisco, CA
94126-6903

Overnight Delivery Only:

450 Sansome Street, Fl. 14
San Francisco, CA
94111-3306

Solo(k) Non-Public Investment Authorization

www.pensicotrust.com
800-969-4472

- ✓ Use this form to invest into non-publicly traded assets such as LLCs, LPs, Corporations, Real Property, Trust Deeds, etc.
- ✓ Must attach *Payment and Funding Instructions* form (see www.PENSICOTrust.com, "Forms") and any other paperwork necessary for your investment.
- ✓ This form and most investment paperwork may be faxed to: 415-956-3016

1. Participant Information

Account #: _____

First Name _____ Middle _____ Last _____
 Social Security # _____ Primary Phone # _____ Ext.: _____ Primary Phone # _____

2. Investment Information

Choose One: Buy Sell Units/Shares: _____ Total Investment Amount: \$ _____

Name of Investment (This might be the name of an LLC, LP or C-Corp) _____ Additional Information _____

3. Subaccount Allocation Options Please Check One:

- Invest total amount prorata across the Solo(k) plan subaccounts. By checking this box you elect to spread your total investment amount across your Solo(k) plan subaccounts on a prorated basis, **based on available cash**.
Note: If you do not check a box, we will default to this prorated option.
- Allocate total amount between subaccounts per my instructions in Section 4 below:
 This option allows you to specify a certain dollar amount to be invested within each particular subaccount.

4. Subaccount Allocation

Only fill out this section if you wish to specify a certain dollar amount within each particular subaccount.

Type of Subaccount	Subaccount Description	Investment Amount
After-Tax Roth Elective	After tax salary deferrals made under the Solo(k) or rolled over to the Solo(k) from plan of another employer	\$
Pre-Tax Elective	Before tax salary deferrals made under the Solo(k) or rolled over to the Solo(k) from plan of another employer	\$
Profit Sharing	Other(pre-tax) contributions made to the Solo(k)	\$
Rollover	Amounts (other than salary deferrals) rolled over from plan of another employer, non-Roth IRA or SEP IRA	\$
Roth Elective Deferral Transfer		\$
Non-Roth Elective Deferral Transfer		\$
Profit Sharing Transfer		\$
Total must equal "Total Investment Amount" in Section 2: ➡ =		\$

3. Investment Acknowledgements

I understand that I am responsible (and PENSICO Trust Company and PENSICO, Inc. are not responsible) for selecting and reviewing the above investment(s) and for determining the suitability, nature, value, risk, safety and merits of any investment(s) that I authorize PENSICO Trust to make for my Account.

I understand that PENSICO Trust Company and PENSICO Inc. neither endorse nor recommend the above investment, and I therefore release and hold PENSICO Trust Company and PENSICO Inc. harmless from all claims arising out of making such investments.

I agree that any dispute regarding this investment shall be submitted to binding arbitration at JAMS in Boston, MA or San Francisco, CA at PENSICO Trust's discretion, and the prevailing party shall be entitled to recover all legal fees, reasonable costs and expenses. These shall be in addition to any award of damage or any other relief to which the prevailing party is entitled.

I represent that the above investment is not a prohibited transaction, as defined in the Internal Revenue Code and IRS and Department of Labor regulations.

I agree to follow any guidelines applicable to this investment as may be required by PENSICO Trust.

AUTHORIZED BY:

Accountholder _____ Printed Name of Authorizing Party
 Account's Designated Representative ➡ _____ Signature (Required) _____ Date _____



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Payment and Funding Instructions

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800-969-4472

If funding an investment, use this in conjunction with our *Investment Authorization Form*

A STOP PAYMENT CANNOT BE PLACED UNTIL 4 BUSINESS DAYS HAVE ELAPSED FROM THE ISSUANCE OF THE ORIGINAL CHECK.

1. Account / Payment Information

Account #: _____

Accountholder's First Name _____ M.I. _____ Last _____

Primary Phone # _____ Purpose of Payment (e.g., "Membership in LLC," "Purchase Property," "Expense Payment") _____ Memo/Reference (Escrow #, APN #, Invoice #, Policy #, Account #) _____

Name of Investment (i.e., name of asset if LLC, LP or C-Corp, see checklist for real property or notes) _____ \$ _____
Amount _____

2. Payee Information

Payee's Name _____

Address Type: Home Business Address: _____

City: _____ State: _____ Zip Code: _____

3. Funding Instructions Select method

VIA WIRE VIA ACH
(\$30 fee for wires)

VIA CHECK (No fee for regular mail and pick-up options, \$18 fee for overnight mail)

Bank Name _____

Bank Address _____

City _____ State _____ Zip Code _____

Phone #: _____

ABA/Routing #: _____

Bank Account #: _____

Other Instructions: _____

Check One:
 Pick-Up By: _____
Printed Name _____

Signature (upon pick-up)

Mail Check to Payee Address (above)

Mail Check to:

Name _____

Address _____


City _____ State _____ Zip Code _____

Overnight Check to Above Address
(Physical Address only; Fee \$18)

4. Authorization Must be authorized by either the Accountholder or a Designated Representative for the Account on file with PENSCO Trust Company.

I agree to release, indemnify, defend, and hold PENSCO Trust harmless for any claims arising out of this payment. This includes, but is not limited to, claims that this payment is not prudent, proper, legal, or diversified. I also understand and agree PENSCO Trust will not be responsible to take any action should the investment noted herein become subject to default, including fraud, insolvency, bankruptcy, or other court order or legal process. These *Payment and Funding Instructions* are further subject to all terms and conditions of the accountholder's Custodial Agreement with PENSCO Trust and all applicable State and Federal laws.

AUTHORIZED BY:

Accountholder _____ Printed Name of Authorizing Party _____
 Account's Designated Representative  _____ Signature (Required) _____ Date _____

For Office Use Only:

Asset ID: _____ Tran Code: _____ FW Officer: _____ Additional Inv. Overnight

Processed By: _____ Notes: _____ Date: _____