_____

Name of the Plan

Real Estate Purchase Authorization Form

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security # XXX-XX -_____

Account or Plan Number: _____

Part II. Investment Information:

Make sure to properly title real estate purchase in name of your Plan

Parcel Number: _____ Contract Price $ _____

_____ _____ _____ _____

Address City State Zip

What percentage of ownership will your solo 401k own of this property? _____

Part III. Closing Information:

_____ _____

Escrow Agent/Attorney/Title Company Contact Name

_____ _____ _____

Fax number Contact Phone Number Email address

Part VI. Plan Administrator/Trustee Signature:

_____ _____

Plan Administrator/Trustee Date