_____

Name of the Plan

Real Estate Sale 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:

Parcel Number: _____ Sale Price $ _____

Address: _____

Original Ownership % _____ Original Purchase Price $ _____

Closing Date: _____ ☐ Full Sale ☐ Partial Sale

New Ownership % _____ New Property Value $ _____

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