



Complete sections 1, 2 & 3 if you are lending funds to, or buying stock or an interest in, a business entity, LLC, Limited Partnership.  
 Complete sections 1 & 4 if you are lending funds to an Individual.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

|                     |   |                             |
|---------------------|---|-----------------------------|
| First Name*         | Middle Name                             | Last Name*                  |
| Account Number*     | Social Security Number* (last 4 digits) | Date of Birth* (MM/DD/YYYY) |
| Phone* XXX-XXX-XXXX | Email (Your personal email only)        |                             |

## 2. INVESTMENT NAME/DESCRIPTION

Name of company/limited partnership/business entity in which you wish to invest

## 3. QUESTIONNAIRE

1. Do you or any family member own any personal units/shares in the company?

Yes

No

If yes:

How are you related to the family member? (Write "self" if yourself)

What is the percentage of ownership?

%

2. Are you or any family member the main decision-maker or majority owner of the company?

Yes

No

If yes:

How are you related to the family member? (Write "self" if yourself)

3. Are you or any family member employed by the company?

Yes

No

If yes:

How are you related to the family member? (Write "self" if yourself)

What position is held?

4. Will you or any family member be receiving any personal gain based on your IRA investment in the company?

Yes

No

If yes:

How are you related to the family member? (Write "self" if yourself)

Please explain

5. Additional comments and/or explanations:

## 4. COMPLETE IF LENDING FUNDS TO AN INDIVIDUAL

|   |                |
|---|----------------|
| 1. Name of Borrower:                    |                |
| 2. How are you related to the Borrower? | Please explain |

## 5. SIGNATURE

|                            |                   |
|----------------------------|-------------------|
| Participant Signature<br>X | Date (MM/DD/YYYY) |
|----------------------------|-------------------|

Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

Please include this form with your required Investment documents.

**Email**  
investments@IRAServices.com

**Fax**  
(650) 745-2929

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128