

1 ACCOUNT INFORMATION

Name <i>(Your name as it appears in your plan)</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Account Number
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2 LOAN DETAILS

What Type of Loan will this be? <input type="checkbox"/> New Note <input type="checkbox"/> Existing Note <input type="checkbox"/> Carry Back from Real Estate Sale*		Percent of Ownership Within IRA? _____	Note Amount	Dollar Amount to be Funded
Interest Rate	Payment Amount	Frequency of Payments <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____		<input type="checkbox"/> Interest Only, or <input type="checkbox"/> Amortized
Borrower Name	Borrower Address			Maturity Date
Phone				

**Please also submit a Sale Authorization Form*

3 LOAN COLLATERAL Is this Loan:

<input type="checkbox"/> UNSECURED <i>(please read and initial below)</i>	<input type="checkbox"/> SECURED
<p>_____ I acknowledge that this loan is unsecured and is not guaranteed by Advanta IRA or any other party. I acknowledge that Advanta IRA did not recommend this investment nor have they performed any due diligence on this investment or received any compensation from the borrowing entity/individual.</p>	<p>Loan Secured by:</p> <p><input type="checkbox"/> Real Estate: Property Address <i>(below)</i> _____</p> <p><input type="checkbox"/> Vehicle/Mobile Home: VIN # _____</p> <p><input type="checkbox"/> Other: Describe _____</p> <p>Title Company (If applicable) Contact: _____ Phone: _____ Email: _____</p>

4 LOAN SERVICER

The loan servicer's role is to monitor payments made to the IRA and initiate collection action as needed. Advanta IRA does not service loans or monitor the timeliness of payments made to the IRA.

Check here if there will not be a third party loan servicer

Name	Address	Phone Number
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5 FUNDING INSTRUCTIONS Please send the funds for purchase via: WIRE CHECK ACH *(Please attach a voided check)*

For WIRE - Please complete the info below		For CHECK - Please complete the info below	
Bank Name		Make Check Payable To	
Bank Phone	ABA Routing Number	Mail Check To	
Account Holder Name	Account Number	Address	
For Credit To		City, State, Zip	
		Send Check via: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Express Delivery - 2nd Day (\$30) <input type="checkbox"/> Certified Check (\$10)	

6 FEES

How would you like to pay for your fees? (*Fees must be paid before transactions can be processed.*)

Account (*account must have sufficient funds for investment and fees*) **Credit Card** (*complete card info below*)

Card Type: VISA MC AMEX DISCOVER

Credit Card Number: _____ **Exp. Date:** _____

Billing Address: _____

Signature: _____

7 SIGNATURE AND ACKNOWLEDGEMENT

I confirm that I am directing Advanta IRA, Administrator, to complete this transaction as specified above. I understand that my account is self-directed, and I take complete responsibility for any investment I choose for my account, including the investment specified in this Purchase Authorization. I understand that neither the Administrator nor the Custodian (Mainstar Trust) sells or endorses any investment products, and that they are not affiliated in any way with any investment provider. I understand that the roles of the Administrator and the Custodian are limited, and their responsibilities do not include investment selection for my account. I acknowledge that neither the Administrator nor the Custodian has provided or assumed responsibility for any tax, legal or investment advice with respect to this investment, and I agree that they will not be liable for any loss which results from my decision to purchase the investment. I understand that neither the Administrator nor the Custodian has reviewed or will review the merits, legitimacy, appropriateness or suitability of this investment, and I certify that I have done my own due diligence investigation prior to instructing the Administrator to make this investment for my account. I understand that neither the Administrator nor the Custodian determines whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that in processing this transaction the Administrator and the Custodian are only acting as my agent, and nothing will be construed as conferring fiduciary status on either the Administrator or the Custodian. I agree that the Administrator and the Custodian will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the Administrator and the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken in connection with this investment transaction or resulting from serving as the Administrator or the Custodian for this investment, including, without limitation, claims, damages, liability, actions and losses asserted by me.

I understand that if this Purchase Authorization and any accompanying documentation are not received as required, or, if received, are unclear in the opinion of the Administrator, or if there is insufficient Undirected Cash in my account to fully comply with my instructions to purchase the investment and to pay all fees, the Administrator may not process this transaction until proper documentation and/or clarification is received, and the Administrator will have no liability for loss of income or appreciation.

I understand that my account is subject to the provisions of Internal Revenue Code (IRC) §4975, which defines certain prohibited transactions. I acknowledge that neither the Administrator nor the Custodian has made or will make any determination as to whether this investment is prohibited under §4975 or under any other federal, state or local law. I certify that making this investment will not constitute a prohibited transaction and that it complies with all applicable federal, state, and local laws, regulations and requirements.

I understand that my account is subject to the provisions of IRC §§511-514 relating to Unrelated Business Taxable Income (UBTI) of tax-exempt organizations.

Print Name: _____

Signature: _____

If this investment generates UBTI, I understand that I will be responsible for preparing or having prepared the required IRS Form 990-T tax return and any other documents that may be required. I understand that neither the Administrator nor the Custodian makes any determination of whether or not investments in my account generate UBTI.

I understand that the assets in my account are required by the IRS to be valued annually as of the end of each calendar year. I agree to provide the prior year end value of this investment by no later than January 10th of each year on a form provided by the Administrator, with substantiation attached to support the value provided.

I understand that with some types of accounts there are rules for Required Minimum Distributions (RMDs) from the account. If I am now subject to the RMD rules in my account, or if I will become subject to those rules during the term of this investment, I represent that I have verified either that the investment will provide income or distributions sufficient to cover each RMD, or that there are other assets in my account or in other accounts that are sufficiently liquid (including cash) from which I will be able to withdraw my RMDs. I understand that failure to take RMDs may result in a tax penalty of 50% of the amount I should have withdrawn.

I understand that all communication regarding this transaction must be in writing and must be signed by me or by my authorized agent on my behalf, and that no oral modification of my instructions will be valid.

I understand and agree that neither the Administrator nor the Custodian bears or assumes any responsibility to notify me or to secure or maintain any fire, casualty, liability or other insurance coverage, including but not limited to title insurance coverage, on this investment or on any property which serves as collateral for this investment. I acknowledge and agree that it is my sole responsibility to decide what insurance is necessary or appropriate for investments in my account, and to direct the Administrator in writing (on a form prescribed by the Administrator) to pay the premiums for any such insurance.

I further understand and agree that neither the Administrator nor the Custodian is responsible for notification or payments of any real estate taxes, homeowners association dues, utilities or other charges with respect to this investment unless I specifically direct the Administrator to pay these amounts in writing (on a form prescribed by the Administrator), and sufficient funds are available to pay these amounts from my account. I acknowledge that it is my responsibility to provide to the Administrator or to ensure that the Administrator has received any and all bills for insurance, taxes, homeowners dues, utilities or other amounts due for this investment. Furthermore, I agree that it is my responsibility to determine that payments have been made by reviewing my account statements.

I understand that no person at the office of the Administrator or the Custodian has the authority to modify any of the foregoing provisions. I certify that I have examined this Purchase Authorization and any accompanying documents or information, and to the best of my knowledge and belief, it is all true, correct and complete.

Date: _____