



Self Directed IRA SERVICES INC

A subsidiary of Horizon Bank

Note Modification Agreement

For regular mail:
P.O. Box 23149
Waco, TX 76702

For overnight delivery:
215 Mary Avenue, Suite 311
Waco, TX 76701

Questions? Call:
866.928.9394
512.637.5739

Website:
www.SDIRAServices.com
Email:
Operations@SDIRAServices.com

PLEASE COMPLETE ALL INFORMATION.

1 Provide your information.

Accountholder Name	IRA Account #
Daytime Phone Number	IRA Type <input type="radio"/> Traditional <input type="radio"/> Roth <input type="radio"/> SEP <input type="radio"/> SIMPLE

2 Provide the information about the Note being modified.

Borrower Name			
Current Note Amount	\$ _____	Current Interest Rate _____ %	Current Maturity Date _____ / _____ / _____ (MM / DD / YYYY)

3 Provide the Modified Note information.

Note Amount	\$ _____	Interest Rate _____ %	Maturity Date _____ / _____ / _____ (MM / DD / YYYY)
Payment Frequency	_____	Number of Payments _____	Payment Amount \$ _____

4 Sign below to authorize this Note Modification.

Important: This form must be signed by the Accountholder and the Borrower.

I acknowledge that I have sole responsibility for directing the investment of my Account. I acknowledge that SDIRA Services will not exercise any discretion, assume any fiduciary responsibility, perform a due diligence review, or undertake any investigation as to the prudence, viability, merits, or suitability of the Note investment identified above ("Investment"). I acknowledge my understanding that SDIRA Services is not a "fiduciary", or a person entitled to exercise any discretionary authority with respect to the Investment, as those terms and concepts are defined in the Internal Revenue Code, ERISA, or other applicable federal, state or local laws, and I agree to hold SDIRA Services harmless from any liability for any loss, damage, injury or expense which may occur as a result of the execution of this Note Modification. I understand that this Note Modification becomes effective on the date on which this form is signed by both parties.

Accountholder Signature _____ Date _____

Borrower's Signature _____ Date _____

5 Send the completed form to us. The hardcopy with original signatures is required.



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