



# SOLO(K) REAL ESTATE SALE FORM

**Each page of every document that requires PENSOCO Trust Company's (PENSOCO's) initials/signature must be signed by the client as "Read and Approved"**

**Please provide the following for PENSOCO's Review and Signatures:**

- Estimated HUD or Sale Settlement Statement
  - Signed as "Read and Approved" by the client
- Proposed Conveyance Deed
  - Signed as "Read and Approved" by the client
- Additional Escrow/Closing Documents, if applicable
  - Any questionnaires must be completed in their entirety by the client**
  - Signed as "Read and Approved" by the client
- If you are doing a seller carry-back and financing the purchase of the buyer please complete our Solo(K) Deed of Trust Mortgage/Secured Note Investment Authorization form and include all applicable items for our review
- YOU MAY FAX THIS FORM AND YOUR DOCUMENTS TO THE REAL ESTATE AND NOTES TEAM AT 303-614-7036**

## ACCOUNT OWNER INFORMATION

PENSOCO Client Account Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

PENSOCO Account Number: \_\_\_\_\_ % of ownership: \_\_\_\_\_

If held across multiple Solo(K) accounts:

PENSOCO Account Number: \_\_\_\_\_ % of ownership: \_\_\_\_\_

PENSOCO Account Number: \_\_\_\_\_ % of ownership: \_\_\_\_\_

PENSOCO Account Number: \_\_\_\_\_ % of ownership: \_\_\_\_\_

## PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Property Parcel Number or APN: \_\_\_\_\_

Total Percentage of Ownership: \_\_\_\_\_%

PENSOCO Asset ID (if known): \_\_\_\_\_

## SALE INFORMATION

Closing date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Sale in the amount of \$\_\_\_\_\_ (estimated Solo(K) proceeds)

Partial Sale in the amount of \$\_\_\_\_\_ (estimated Solo(K) proceeds)

If Partial Sale, please indicate the lot/parcel/address being sold \_\_\_\_\_

Buyer's Agent Name: \_\_\_\_\_ Seller's Agent Name: \_\_\_\_\_

(continued)

**RETURN EXECUTED DOCUMENTS TO**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Send via (check all that apply)\*:

Email: \_\_\_\_\_  Fax: \_\_\_\_\_

Regular Mail to address above

Express Mail Delivery to address above and:

Charge my PENSICO account for overnight fee

Use a third party  UPS Account # \_\_\_\_\_ OR  FED EX Account # \_\_\_\_\_

Use the enclosed prepaid UPS/FED Ex Label

**\*If no option is selected the default will be to overnight at the client's expense. Please refer to the fee schedule for details.**

I have initialed and/or signed where appropriate, for each document PENSICO needs to initial/sign. I acknowledge that if there is an amendment or any subsequent documents submitted separate from this form for this transaction, I will need to sign the applicable pages as "Read and Approved" before PENSICO will execute.



\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

**INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE**

**Upload forms to:**  
[www.pensico.com/upload](http://www.pensico.com/upload)

**Send mail to:**  
PENSICO  
P.O. Box 173859  
Denver, CO 80217-3859

**For express deliveries:**  
PENSICO  
1560 Broadway, Suite 400  
Denver, CO 80202-3331

**Questions?**  
Call 1-800-962-4238

**Fax to:** 303-614-7036