

1031 EXCHANGE ORDER FORM

The following information is requested on the person who will be our contact throughout the exchange transaction.

Taxpayer Name: _____

MAILING ADDRESS:

Company (if applicable): _____

Address: _____

City, State, Zip: _____

OVERNIGHT DELIVERY ADDRESS:

Note: We cannot overnight to a Post Office Box.

Company (if applicable): _____

Address: _____

City, State, Zip: _____

Home Telephone Number: (___) _____ Cell Phone (___) _____

Business Telephone Number: (___) _____

Fax Number (if applicable): (___) _____

E-mail Address: _____

Are you a foreign person defined as a nonresident alien individual, foreign corporation, foreign partnership, trust, or foreign estate? _____ Yes _____ No

Are you a resident alien individual? _____ Yes _____ No

We appreciate referrals and would like to thank the person who recommends our services to you.

Referral Source: _____

Company (if applicable): _____

Address: _____

Phone: (___) _____

Have you discussed the 1031 exchange with your *tax* advisor? Yes No

Have you discussed the 1031 exchange with your *legal* advisor? Yes No

Note that your Exchange Officer can only provide general information regarding 1031 exchanges. **You should discuss your particular situation with a tax and/or legal advisor familiar with 1031 exchanges.** By submitting this Order Form, I/we acknowledge that I am/we are authorizing 1031 CORP. to initiate an exchange on my/our behalf. **1031 CORP. will prepare the necessary documentation on my/our behalf and should I/we cancel the exchange after that point, a \$250.00 cancellation fee will be assessed to cover the cost of the document preparation.**

Please initial acknowledging you have read and understand the above statement. _____

NOTICE OF CLOSING *RELINQUISHED PROPERTY*

It is essential that 1031 CORP. give the closing agent instructions to prepare the HUD-1 Settlement Statement and make arrangements to have funds transferred. We must notify the closing agent at least five (5) business days in advance. We need to have ample time to review the settlement sheet prior to closing. Please also include a copy of your signed Agreement of Sale including all amendments and addendums.

To: 1031 CORP.
100 Springhouse Drive, Suite 203, Collegeville, PA 19426
Fax Number: 610.792.4888
Email: 1031help@1031CORP.com

Exchanger's Name: _____

ADDRESS OF RELINQUISHED PROPERTY:

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Did you use any portion of this property for personal use? Yes No If yes, what percentage? _____%

Is any part of this property titled with a co-owner who is not part of this exchange?
If yes, what percentage? _____%

Are you related to the Buyer of this property? Yes No (This is very important)

Sales Price of Property: \$ _____

Are you providing any financing to the Buyer? Yes No; If yes, what amount \$ _____

Do you plan to pull out any cash at settlement (boot)? Yes No; If yes, what amount \$ _____

CLOSING INFORMATION: (This should be the contact information for the person actually handling the settlement of this property.)

Date: ____/____/____ Time: _____ AM / PM

Name of closing agent: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____ Fax: (____) _____

E-mail address: _____

NOTICE OF CLOSING *REPLACEMENT PROPERTY*

It is essential that 1031 CORP. give the closing agent instructions to properly document your 1031 exchange and make arrangements to have funds transferred for closing. We prefer to notify the closing agent at least five business days in advance. We need to have ample time to review the settlement statement prior to closing. Please also forward a signed copy of your Agreement of Sale including all amendments and addendums. Note that we will not provide exchange documentation for a property that was not properly identified within the 45-day identification period. **NO FUNDS WILL BE RELEASED FROM YOUR ESCROW ACCOUNT UNTIL WE HAVE WRITTEN AUTHORIZATION FROM YOU.** An authorization form is attached for your convenience.

Client Name: _____

ADDRESS OF REPLACEMENT PROPERTY:

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Do you intend to use any portion of this property for personal use? Yes No If yes, what percent? _____%

Will any part of this property be titled with a co-owner who is not part of this exchange? Yes No

If yes, what percentage? _____%

Do you intend to create a formal partnership? Yes No

Are you related to the seller of this replacement property in any way? Yes No

If yes, please explain: _____

If you paid an out-of-pocket deposit on this replacement property, do you want your earnest money deposit refunded to you at closing? Yes No If yes, what was the amount of the deposit? \$ _____

Is the seller of the replacement property a foreign taxpayer? Yes No (This is very important.)

Is the seller of the replacement property providing a buyer's credit? Yes No If yes, amount? \$ _____

CLOSING INFORMATION:

Date of Closing: ____/____/____ Time: _____ AM/PM (This is necessary so we know when to transfer funds.)

Name of closing agent: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____ Fax: (____) _____

E-Mail address: _____

Purchase price: \$ _____ Amount of New Mortgage: \$ _____