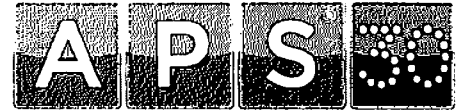


# EXHIBIT W


# Instructions / Promissory Note



Thirty years of Genuine Self-Direction\*

REV 10.01.12

INSTRUCTIONS:	USE THIS FORM TO PURCHASE:
<p>To initiate the process of purchasing assets for your Retirement Account a Buy Direction Letter is required.</p> <ul style="list-style-type: none"> <li>• <b>Step 1.</b> Submit <b>PROMISSORY NOTE BUY DIRECTION LETTER</b>, copy of note &amp; copy of escrow servicing agreement.</li> <li>• <b>Step 1a.</b> <b>Original notarized</b> note must be mailed and received by APS before funding will occur.</li> </ul> <p><b>IF NOTE is SECURED proceed to step 2:</b></p> <ul style="list-style-type: none"> <li>• <b>Step 2.</b> Notify Title Company</li> <li>• <b>Step 3.</b> APS will provide Title Company with Escrow Closing Instructions</li> <li>• <b>Step 4.</b> Complete all Due Diligence necessary</li> <li>• <b>Step 5.</b> Verify that Title Company is prepared to close.</li> <li>• <b>Step 6.</b> Submit the <b>AUTHORIZATION TO PROCEED</b> to APS (Attached)</li> <li>• <b>Step 7.</b> APS will execute the transaction with Title Company as directed.</li> </ul> <p><b>A Title Company is REQUIRED with Secured Notes</b></p>	<ul style="list-style-type: none"> <li>• Deed of Trust</li> <li>• Mortgage</li> <li>• Other Types of Loans</li> <li>• Promissory Notes</li> </ul>

 <b>REQUIRED SUPPORTING DOCUMENT(S):</b> *Supporting Documentation MUST Accompany Your Completed Buy Direction Letter		
<b>NEW NOTE*:</b> <input type="checkbox"/> Copy of Original Notarized Note (ORIGINAL NOTARIZED NOTE MUST BE mailed to APS BEFORE FUNDING) <input type="checkbox"/> Escrow/Loan servicing agreement	<b>EXISTING NOTE*:</b> <input type="checkbox"/> Copy of Original Note <input type="checkbox"/> Assignment of Note with terms <input type="checkbox"/> Escrow/Loan servicing agreement	<b>SELLER FINANCING*:</b> <input type="checkbox"/> Original Notarized Note with terms <input type="checkbox"/> Purchase / Sales Agreement <input type="checkbox"/> Escrow/Loan servicing agreement
<p align="center"><b>SECURED NOTES*:</b></p> <p>All secured notes will be closed through a title company and require additional documents listed in Escrow Closing Instr.</p> <input type="checkbox"/> UCC filing on non-real-estate collateral <input type="checkbox"/> Escrow/Loan servicing agreement		
<p align="center"><b>CORPORATE &amp; ENTITY LOANS*:</b></p> <p align="center"><i>Loans made to Corporations and Entities must provide supporting documents as listed above as well as:</i></p> <input type="checkbox"/> Corporate Resolution <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Notarized Original Promissory Note executed by an authorized signer		

**DUE DILIGENCE:** Buyer is responsible for all due diligence with this transaction. This includes, but is not limited to, physical condition, square footage, survey, conditions of title, compliance with zoning ordinances, suitability for intended use, hazardous waste issues, lead based paint, mold, casualty insurance, flood insurance, home warranty, taxes, utilities, homeowners associations, special assessments, HUD-1 Settlement Statement, commitment for lender's title insurance policy, personal guarantees, etc.

**American Pension Services, Inc. is not responsible for any due diligence items in this transaction.**

SUBMISSION OPTIONS		
<b>Overnight &amp; Regular Mail:</b> 4168 W. 12600 S. Suite 300 Riverton, UT 84096	<b>Fax:</b> Unsecured Notes: (801) 208-7307 Secured Notes: (801) 208-7302	<b>Email:</b> Unsecured Notes: <a href="mailto:julie@americanpension.com">julie@americanpension.com</a> Secured Notes: <a href="mailto:lori@americanpension.com">lori@americanpension.com</a>

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# Buy Direction Letter / Promissory Note



Thirty years of Genuine Self-Direction\*

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### 1. Account Owner Information :

Account Owner Name:			Account Number: (4 or 5 digit)				
Mailing Address:			City				
State	Zip Code:	Social Security Number:		Date of Birth			
Email Address:		Primary Daytime Phone Number:		Fax Number:			

### 2. Note Information:

**I Hereby Authorize and Direct the Administrator and/or Custodian, Trustee or Assigns, to Buy the Following Asset For My Account:**

Borrower Name (Required):	Borrower Phone Number(Required):	Borrower Email:	
Borrower Address (Required):	City (Required):	State (Required):	Zip Code (Required):
Borrower SS# or EIN# (Required):	Face Value of Note (Required): \$	Plan Ownership Percentage: %	

### 3. Terms of Note:

What Type of Note is Your Plan Issuing?     This is a New Note     Buying an Existing Note     Seller Financing

Has This Note Been Discounted? <input type="radio"/> YES <input type="radio"/> NO	If Yes, Why?
--	--------------

Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	Payment Type: <input type="checkbox"/> Interest <input type="checkbox"/> Amortized	
Date of First Payment Due:	Maturity Date:	Interest Rate: %
Note Amount: \$	Number of Payments:	Payment Amount: \$
Balloon Payment Option:	Balloon Payment Date:	Balloon Payment: \$

Is This Note Secured?     YES     NO

<input type="checkbox"/> Company	Company Name:	Company Address:	City:	State:	Zip Code:
<input type="checkbox"/> Real Property	Address:		City:	State:	Zip Code:
<input type="checkbox"/> Vehicle/ Mobile Home	VIN( Identification Number):				
<input type="checkbox"/> Other	Describe:				

### 4. Who Is Handling The Closing?

**A Title Company or Attorney is REQUIRED to for all secured transactions**

Escrow Agent/ Attorney / Title Company:		Fax Number:
Contact Name:	Contact Email:	Contact Phone Number:

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Buy Direction Letter /

**Promissory Note**

Page 2

**5. Escrow / Loan Servicer:**

Escrow/Loan Servicers are **REQUIRED** to collect payments, late fees, other charges, calculate interest, and issue 1098's.

Servicer Name:		Phone Number:	
Address:		City:	State:      Zip Code:

\*Account with escrow servicer must be titled as American Pension Services, Inc., Administrator for your retirement account.

**6. Funding the Investment:**

Funds must be cleared and available in order to pay a bill. Personal or business Checks (5 business days) Cashier's check or money order (2 business days). Bank wire funds are available the following business day. You must retain a \$250 cash balance in your retirement account at all times.

<b>Please Send \$ _____</b>				
<input type="radio"/> <b>By Check:</b> (provide information below)		<b>OR</b>	<input type="radio"/> <b>By Wire \$15:</b> (Complete Wire Request Form Attached)	
Make Check Payable To:				
Mail Check To:				
Address:		City:	State:	Zip Code:
<b>Select Check Type and Mailing Option</b>				
<input type="radio"/> Regular Check, Regular Mail (No charge)		<input type="radio"/> Cashier's Check (\$10)		<input type="radio"/> Overnight (FedEx Charge)
<input type="radio"/> Regular Check, Overnight Mail (FedEx Charge)		<input type="radio"/> Certified Mail (\$10)		

**7. Title of Investment:**

*When Purchasing Assets in a Self-Directed Retirement Plan, You MUST Title the Investment Properly!*

**My Retirement Plan will be 100% owner it will be titled:**  
 "American Pension Services, Inc. Administrator For Account Owner's Name , Account type # ."

**My Retirement Plan will be less than 100% owner and will be titled:**  
 "American Pension Services, Inc. Administrator For Account Owner's Name , Account Type # , Percentage of Ownership%, Undivided Interest."

I have read and approved all documents, and I agree with the terms. I understand that my account is self-directed and that the administrator and/or trustee or custodian does not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that I have not requested that my administrator provide, and administrator has not provided, any advice with respect to the investment directive set forth in this Buy Direction Letter. I understand that neither the administrator nor trustee or custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, 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 no one at American Pension Services, Inc. or any of its licensees has authority to agree to anything different than my foregoing understandings of American Pension Services policy. I understand that neither the administrator nor trustee or custodian is a "fiduciary" for my account as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the administrator and trustee or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. I also understand and agree that the administrator and/or trustee or custodian will not be responsible to take any action should there be any default with regard to this investment. I am directing you to complete this transaction as specified above. I confirm that the decision to buy this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the administrator and/or the trustee or custodian of my account. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

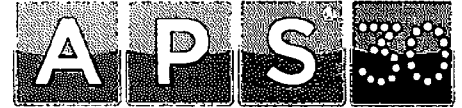


X \_\_\_\_\_ Date \_\_\_\_\_  
**Account Owner's Signature**

Electronic Signature: A party may manifest its assent to this Promissory Note Buy Direction Letter by clicking on a button displayed in a user interface, by typing the user's name, or by proceeding to actually use the [www.americapension.com](http://www.americapension.com) online form, and such manifestations of assent shall be fully binding upon the parties as if manual signatures had been used.

Signature Identification #:	Date:	Time:
IP Address:		

# Request / Wire Funds



Thirty years of Genuine Self-Direction\*

REV 10.01.12

<b>Daily Outgoing Wire Cut Off is 4:00pm Eastern Time</b>			
<b>Type Required Information(*), Print, Sign &amp; Date, Send to APS With Buy Direction Letter</b>			
<b>Date:</b> _____			
<b>*Amount (Numeric):</b>	<b>\$</b> _____		
<b>*Amount (Alpha):</b>	_____		
<b>*Receiving Bank Name:</b> _____			
<b>*Receiving Bank Address:</b> _____			
<b>*ABA # (9 digit number) :</b>	_____	_____	_____
<b>BENEFICIARY INFORMATION:</b>			
<b>*Credit to:</b> <i>(Name on Bank Account)</i>	_____		
<b>*Receiving Bank Account #:</b>	_____	_____	_____
<b>*Mailing Address of Beneficiary:</b> <i>(not financial institution's address)</i>		_____	
<b>*City:</b>	<b>*State:</b>	<b>*Zip Code:</b>	
_____	_____	_____	
<b>*Social Security Number or EIN of Payee:</b> _____			
<b>Further Credit To:</b> _____			
_____			
<b>Additional Reference:</b> _____			
_____			
_____			
<b>NOB</b> →	<b>*Client Signature:</b> X _____ <b>Date:</b> _____		
<b>*Print Name:</b> _____		<b>APS Account #</b> _____	

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# Authorization to Close / Secured Promissory Note



Thirty years of Genuine Self-Direction\*

REV 10.01.12

American Pension Services, Inc.  
4168 W. 12600 S. Suite 300  
Riverton, UT 84096

<b>RE:</b> Parcel or VIN#:	Legal Description:	
Property Address:		
City:	State:	Zip Code:

Dear Administrator,

This letter authorizes American Pension Services, Inc. to complete the transaction for the property listed above for my account, including authorization for the title company to proceed with the Closing as set forth within the terms and conditions contained in the Purchase Agreement, addendums and escrow closing instructions. I acknowledge that I have completed all due diligence for this transaction to my complete satisfaction, and state that any and all contingencies have been completed to my satisfaction or are hereby removed. I have completed all requirements of the title company to close this transaction and authorize the transfer of funds requested to the escrow agent for distribution in accordance with their instructions.

Account Owner Signature	Print Name	Date
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Title Company Name: \_\_\_\_\_

Title Company Address: \_\_\_\_\_

City:	State:	Zip Code:
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<b>RE:</b> Parcel or VIN #:	Legal Description:	
Property Address:		
City:	State:	Zip Code:

Dear Escrow Agent,

As Administrator for our client \_\_\_\_\_, this letter authorizes you to proceed with closing the transaction for the property listed for our client as set forth within the terms and conditions contained in the Purchase Agreement, addendums and escrow closing instructions.

American Pension Services, Inc. Authorized Signature	Print Name	Date
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Its: \_\_\_\_\_