

Buy Direction Letter

Private Placement

| Account Owner Information | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|--|--|--|--|
| NAME (as it appears on your account application) ENTRUST ACCOUNT NUMBER ACCOUNT TYPE | | | | | | |
| | | | | | | |
| EMAIL ADDRESS (required) | DAYTIME PHONE NUMBER | | | | | |
| | | | | | | |
| 2 General Asset Information | | | | | | |
| | | | | | | |
| □ NEW PURCHASE | □ ADDITIONAL FUNDING ¹ | | | | | |
| Additional funding means sending more funds into an asset that is already held in your IRA. This is not a new purchase. | | | | | | |
| INVESTMENT NAME (describe the investment here. Exa | PERCENTAGE OF OWNERSHIP | | | | | |

3 Purchase Amount

| QUANTITY (number of shares, units, etc.) | PRICE (per share, units) | TOTAL PURCHASE |
|------------------------------------------|--------------------------|----------------|
| | \$ | \$ |
| | | |

4 Funding Instructions

PLEASE SELECT YOUR FUNDING METHOD: $\hfill \Box$ Wire $\hfill \Box$ CHECK $\hfill \Box$ CASHIER'S CHECK

| For WIRE (Please complete the information below) | | | | | |
|--------------------------------------------------|----------------|----------------------|-------|----------|--|
| BANK NAME | | PAYEE NAME | | | |
| BANK ABA/ ROUTING NUMBER | ACCOUNT NUMBER | PAYEE STREET ADDRESS | | | |
| ACCOUNT HOLDER NAME | | CITY | STATE | ZIP CODE | |
| ADDITIONAL INFORMATION | | | | | |

Funding Instructions continues on the next page.



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4 Funding Instructions

| For CHECK and CASHIER'S CHECK (Please complete the information below) | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|--|
| PAYEE NAME | | PAYEE PHONE NUMBER | | | |
| PAYEE STREET ADDRESS | | CITY | STATE | ZIP CODE | |
| □ MAIL CHECK TO (If different from Payee Address) | MAIL CHECK TO (If different from Payee Address) | | | | |
| NAME | | PHONE NUMBER (for overnight delivery) | | | |
| STREET ADDRESS | | CITY | STATE | ZIP CODE | |
| SEND CHECK VIA: | | | | | |
| ☐ Regular Mail | | Overnight Delivery (additional fee applies) Overnight Delivery (charge my Entrust Account) Overnight Delivery (use third party billing) Account #: FedEx UPS | | | |
| ADDITIONAL INFORMATION | | | | | |
| 5 Payment of Fees (select one) | | | | | |
| NOTE: ALL FEES ARE DUE AT TIME OF TRANSACTION. IF NO INDICATION IS MADE, FEES WILL BE DEDUCTED FROM YOUR UNDIRECTED CASH BALANCE. TRANSACTION WILL NOT BE PROCESSED UNLESS SUFFICIENT FUNDS ARE AVAILABLE. | | | | | |
| □ ENTRUST ACCOUNT | | | | nplete section 6) | |
| 6 Credit Card Information | | | | | |

| CARD TYPE (choose one): | /ISA 🗆 M | IASTER CARD | AMERICAN EXPRESS | | VER |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|------------------|------|---------------|
| NAME AS IT APPEARS ON CARD | | CARD NUMBER | | | SECURITY CODE |
| EXPIRATION DATE | | BILLING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | | | |
| By signing below, you authorize Entrust to charge your credit card for the fees associated with this transaction. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. | | | | | |
| SIGNATURE | | | | DATE | |



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7 Account Owner Signature and Investment Acknowledgment

Prior to funding, all transaction documents must be notated "read and approved" with your signature and date (for example, subscription documents and promissory notes).

I understand that my account is self-directed and that the Administrator and/or Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to making any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided, any advice with respect to the investment directive set forth in this Buy Direction Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator nor the Custodian determine 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 including but not limited to investments that engage in Marijuana-related business activities. If this directive is a request to deliver additional funds to an existing investment held in my IRA, I authorize The Entrust Group to execute this request and I understand that it is my responsibility to seek and acquire guidance from a tax, legal or investment professional if I need such professional advice to ensure compliance with IRC §4975.

I understand that neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or claims by others, arising out of this Buy Direction Letter and/or this investment, including, but not limited to, claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the IRC and/or any other applicable federal, state or local laws. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs. I also understand and agree that the Administrator and/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 Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Buy Direction Letter is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect. For purposes of this Buy Direction Letter, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, affiliates and/or business associates. 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.

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 IRC §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.

Transactions with insufficient funds will not be processed until sufficient funds are received. If fees are being deducted from your account, the full amount of the transaction plus fees must be available before your transaction can be processed.

I have read and understand the disclosure above.

| SIGNATURE | DATE |
|-----------|------|
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| | |