Real Estate IRA Kit

Traditional, Roth, SEP, Simple

Instructions

STEP 1 Complete Application	☐ Complete your application, sign, date, and review it for accuracy.
STEP 2 Choose Fee Option	☐ Choose the annual fee option that best fits your situation, either based on the number of assets you have or on the value of your assets. ☐ Look at other fees that may apply to your account and contact your local representative if you have any questions. ☐ Sign and return the Fee Disclosure with your application.
STEP 3 Fund account	☐ Rollover/Direct Rollover Certification Form: Complete this form if you take a distribution from your previous IRA custodian. To avoid taxes or penalties, make sure the rollover is done within 60 days from the time you take the distribution. ☐ Transfer Form: Complete this form to transfer funds from an IRA you have with another custodian. If you would like to transfer funds from more than one IRA, fill out a separate form for each account. Each transfer form must be accompanied with a copy of your current custodian's IRA statement. ☐ Deposit Coupon: Complete this form to fund your account with a contribution.
STEP 4 Provide copy of ID	☐ Make sure the copy of your non-expired ID is clear and legible. If your signature is on the back of the ID, include a copy of the front and back. ☐ Compare the signature on your valid ID to the signature on your application to ensure that it matches. ☐ If the address on your ID is not current, attach a copy of a current utility bill.
STEP 5 Pay set up fee	☐ Make a $50 check payable to Entrust or ☐ Fill out the credit card authorization section of the Fee Disclosure
STEP 6 Invest in Real Estate	☐ Buy Direction Letter: Complete this form to instruct Entrust to complete the transaction on behalf of your IRA. Please follow guidelines and instructions for this form. ☐ Payment Authorization Letter: Complete this form to notify Entrust on how to pay invoices for the property. ☐ Wire Instructions: Complete this form to have funds in your account transferred out.
Optional Documents	*Download the optional documents from www.theentrustgroup.com/forms or contact us at 800-392-9653* ☐ Interested Party Designation Form: Complete this form to allow a designated individual to obtain your account information. ☐ Limited Power of Attorney: Complete this form to allow a designated individual to conduct transactions within your account, with the exception of closing the account or directing distributions and transfers.
Processing Time	*Account set-up usually takes 2 days, unless corrections are necessary.* *Transfer requests can take 2-4 weeks depending on your previous custodian. To expedite the process, contact your previous custodian.* *For additional assistance, contact your local Entrust office, found at www.theentrustgroup.com/locations.*

Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
510-587-0960	forms@theentrustgroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607

The Entrust Group
555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

Account Application

Traditional, Roth, SEP, SIMPLE, HSA

1 Account Owner Information

☐ MR. ☐ MRS. ☐ MS. ☐ DR.	LEGAL NAME *(Last, First, Middle)*										INTERNAL USE ONLY
SOCIAL SECURITY NUMBER											

DATE OF BIRTH	OCCUPATION/INDUSTRY *(if self-employed state occupation)*			TITLE
LEGAL ADDRESS *(cannot be a P.O. box)*				PHONE
CITY	COUNTY	STATE	ZIP	CELL
MAILING ADDRESS ☐ SAME AS ABOVE				FAX
CITY	COUNTY	STATE	ZIP	EMAIL

Check the Appropriate Box to Indicate Your Marital Status

☐ SINGLE	☐ MARRIED *(Please see Spousal Consent in section 7)*	☐ WIDOWED OR DIVORCED

What type(s) of investment(s) are you considering? *(Please check all that apply)*

☐ REAL ESTATE / RE NOTES	☐ UNSECURED NOTES	☐ INTERNATIONAL	LLC for: ☐ Real Estate ☐ Other ________	☐ OTHER__________

2 Referral Source

Name of Entrust representative or Entrust office

How did you hear about us?

☐ INTERNET SEARCH ☐ ENTRUST EMAIL ☐ PUBLIC EVENT BOARD ☐ SOCIAL MEDIA ☐ PRESS RELEASE ☐ OTHER :

☐ CLIENT REFERRAL *(enter name)*

☐ BUSINESS ASSOCIATE REFERRAL *(enter name)* ☐ CODE:

3 New Account Information

Choose the type of account you wish to open

☐ TRADITIONAL IRA ☐ ROTH IRA ☐ BENEFICIARY IRA *(Account title: your name, Bene FBO Deceased Name)*	☐ SEP IRA *(Please attach page 1 of the Entrust SEP IRA Agreement and Disclosure)* ☐ SIMPLE IRA *(Please attach the last page of the Entrust SIMPLE IRA Agreement and Disclosure)* EMPLOYER NAME:	☐ HEALTH SAVINGS ACCOUNT *(Please attach the last page of the Entrust Health Savings Account Agreement and Disclosure)* Choose Coverage: ☐ Self-Only Coverage

4 Account Notifications and Options

Would you like to have online access to your statements? ☐ Yes *(Account statements will be mailed annually)* ☐ No	**Would you like to receive email notifications of changes to your account?** ☐ Yes ☐ No

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5 Funding Information

How will you be funding your account?

☐ **ANNUAL CONTRIBUTION** $_______________ Year:	☐ **TRANSFER** Transfer from an existing IRA or Employer Sponsored Plan. $_______________	☐ **ROLLOVER** Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan. $_______________	☐ **DIRECT ROLLOVER** Rollover from Employer Sponsored Plan $_______________

The amount above represents what percentage of your retirement portfolio? ☐ 100% ☐ 75% ☐ 50% ☐ 25% or less

6 Beneficiary Information *(If needed, please use a Beneficiary Form to add more beneficiaries.)*

I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate.

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust

1. ☐ PRIMARY ☐ CONTINGENT

NAME	SOCIAL SECURITY NUMBER	
ADDRESS	CITY, STATE, ZIP	RELATIONSHIP
DATE OF BIRTH	SHARE %	

2. ☐ PRIMARY ☐ CONTINGENT

NAME	SOCIAL SECURITY NUMBER	
ADDRESS	CITY, STATE, ZIP	RELATIONSHIP
DATE OF BIRTH	SHARE %	

3. ☐ PRIMARY ☐ CONTINGENT

NAME	SOCIAL SECURITY NUMBER	
ADDRESS	CITY, STATE, ZIP	RELATIONSHIP
DATE OF BIRTH	SHARE %	

7 Spousal Consent *(only required if your spouse is not the primary beneficiary)*

The consent of spouse must be signed only if all of the following conditions are present:

A. Your spouse is not the sole primary beneficiary named and;
B. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, or WI)

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the above Designation of Beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, ____, hereby consent to the above Beneficiary designation.

Spouse Signature ____________________________________ Date ______________________________

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8 Appointment of Custodian, Investment Direction and Important Disclosures

Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment. I appoint Kingdom Trust Co., as the Custodian of my Account ("Custodian"), and understand that the Custodial Account Agreement and my Application comprise my agreement with the Administrator" (*defined in section 9). The Administrator may change custodians to any institution permitted by law or by the undersigned. Written direction shall be construed so as to include facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information. I acknowledge that I have received a copy of the Plan Agreement, Disclosure Statement and appropriate Financial/Fee Disclosures. I understand that the terms and conditions, which apply to this Account, and are contained in these documents. I agree to be bound by those terms and conditions. If this is an IRA, I understand that within seven (7) days from the date that I submit this paperwork to the Administrator, I may revoke it without penalty by mailing or delivering a written notice to the Administrator.

Responsibility for Tax Consequences. I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my Account. I am authorized and of legal age to establish this Account and make investment purchases permitted under the Plan Agreement offered by the Custodian. I assume complete responsibility for: 1) Determining that I am eligible for an Account transaction that I direct the custodian to make on my behalf; 2) Ensuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including rollover contributions and distributions).

I certify under penalties of perjury:

1) that I have provided you with my correct Social Security or Tax I.D. Number; and 2) that I am not subject to backup withholding because: a) I am exempt from backup withholding; or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so, or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until such time as I change or revoke the designation, I hereby instruct the Custodian to follow the investment directions which I provide to Administrator in investing and reinvesting the principal and interest, as confirmed by direction letters to Administrator from the undersigned, for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party, Administrator, or by the undersigned. Written direction shall be construed so as to include facsimile signature.

The account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization Custodian and Administrator may act solely on the written instruction, designation or representation of the Account holder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. 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 third party claims, arising out of my account and/or in connection with any action taken in reliance upon my written instructions, designations and representations, or in the exercise of any right, power or duty of Custodian and/or Administrator, its agents or assigns. Custodian and/or Administrator may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision. Custodian and/or Administrator have no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income.

In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian is 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, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of 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 understand that no one at the Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of the Administrator's and/or Custodian's policy. For purposes of this disclosure, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, affiliates and/or business associates.

In executing transfers, it is understood and agreed that I will not hold Custodian and/or Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor Custodian and Administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian or Administrator.

If any provision of this Application 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.

Important Information for Opening a New Account. To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government- issued identification (e.g., driver license or passport). The copy must be readable so we can verify the client's name, driver's license number, etc.

Our Privacy Policy. You have chosen to do business with the Custodian and Administrator named on this application. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect. We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share. We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian and administrator have agreed to the custodian and administrator's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security. We restrict access to non-public personal information to

555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Administrator reserves the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy, please contact us at the address and or telephone number listed on this application.

9 Account Owner Signature and Acknowledgement

I acknowledge receipt of a Fee Disclosure and receipt of the Account Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. I understand that failure to submit a signed Fee Disclosure will result in fees “based on value of assets” (See “Fee Disclosures.”).

The Custodian has delegated certain Custodial Account recordkeeping and administrative functions to The Entrust Group, Inc., a Delaware Corporation, as the Administrator of your self-directed retirement account.

I understand that I may change or add beneficiaries at any time by completing and delivering the Beneficiary Form to the Administrator.

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 acknowledge I have read the fee disclosure, the account agreement and account disclosure statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. If you would like to give permission to another individual to access your account information (such as your spouse or other individual), you will need to complete the Limited Power of Attorney form or Interested Party Designation form. PLEASE PRINT, SIGN AND SUBMIT THIS FORM TO YOUR ENTRUST OFFICE.

SIGNATURE:	**DATE:**

The Entrust Group
555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

General Fee Disclosure

Traditional, Roth, SEP, SIMPLE, and ESAs

1 Account Owner Information

NAME *(as it appears on your account application)*	ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Choose Annual Fee Option

☐ **OPTION 1: Based on Number of Assets: $299 per Asset**

$299 per asset and/or liability, per year, paid at the time of acquisition. For example, 1 investment is $299 per year, 3 investments are $897 per year. Please note that a non-recourse loan is charged at a discounted rate of $199/yr. For example, 1 investment with non-recourse loan is $498 per year.

☐ **OPTION 2: Based on Total Account/Asset Value** (Min. $199, Max. $1,995)

If the account value is between	Multiply value by
$1 and $24,999	0.0095
$25,000 and $49,999	0.0070
$50,000 and $149,999	0.0065
$150,000 and $299,999	0.0060
$300,000 and up	$1,995

For example, if account value is $20,000, the annual administration fee would be $199 ($20,000 x .0095 = $190. However, $199 is the minimum fee.) If account value is $55,000, the annual administration fee would be $445.00, calculated by adding together the incremental amounts for each tier: Tier 1: $24,999 x .0095 = $237.49; Tier 2: $25,000 x .0070 = $175.00. Tier 3: $5,001 x .0065 = $32.51. Combining the number from all three tiers totals $445.00.

Account Termination Fee: $250

3 Administrative and Transaction Fees

Account establishment *(one time fee, per account)*	$50
Purchase, sale, exchange or additional funding, per asset *(non-real estate)*	$95
Purchase, sale, or exchange of Real Estate *(includes earnest money if applicable)*	$175
Purchase, sale, or exchange of Real Estate with Non-Recourse Loan *(includes earnest money if applicable)*	$250
Cashiers or other official bank check	$30
Returned items of any kind and stop payments, per item	$30
ACH transfers incoming and outgoing	$0
*Checks *(includes all check requests)*	$10
Overnight delivery via, FedEx, UPS, USPS, etc.	$30
Wire transfers, per item, incoming and outgoing	$30
Research of closed assets or accounts, legal research, or special handling of transactions	$150/hr

Avoid check fees with The Entrust Group myDirection Visa® Prepaid Card

The Entrust Group

General Fee Disclosure

Traditional, Roth, SEP, SIMPLE, and ESAs

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Fax: (510) 587-0960

4 Payment of Fees

$50 Account Establishment Fee - Pay by:	☐ CREDIT CARD	☐ CHECK—MADE PAYABLE TO ENTRUST
Administrative Fees - Pay by: *(payable quarterly)*	☐ CREDIT CARD	☐ **DEBIT ENTRUST ACCOUNT

5 Credit Card Information

CARD TYPE *(choose one)*:	☐ VISA	☐ MASTER CARD	☐ AMERICAN EXPRESS	☐ DISCOVER

NAME AS IT APPEARS ON CARD	CARD NUMBER	SECURITY CODE
EXPIRATION DATE	BILLING ADDRESS	
CITY, STATE, ZIP		

By signing below, you authorize your credit card to be charged for the option(s) chosen above. 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. Future changes to the option made above must be submitted in writing.

SIGNATURE	**DATE**

6 Disclosure

Rush fees for expedited transaction processing or services within the same or next day are $150 per request.

**If no preference indicated, fees will be debited from your Entrust Account.

Annual Recordkeeping and Administration Fees (using Option One or Option Two, as selected above) are charged for all or any portion of each year during which the account is in existence. If you terminate your account during a year, you will still owe the annual fee for that entire year. These fees are charged on the basis of the year beginning on the date when your account is established, and each anniversary of that date. Annual record keeping fees are not pro-rated when an account closes. Custodial Administration Fee: We receive a fee equal to the income generated from deposit accounts that hold undirected cash in your Account, if any. The custodian of your account is entitled to this fee under the section titled "**Custodian's Fees and Expenses**" of your IRA Custodial Account Agreement (example: Section 8.06 if you have a Traditional IRA), and has assigned this fee to us for services relating to the investment of undirected cash. Termination: If you incur a termination of your account, we will charge a termination fee of $250, plus the applicable transaction fee (non-real estate or real estate, as applicable) for each asset that is sold. A transfer of assets from your Account to a third party, including to another individual retirement account for your benefit, is considered a termination for purposes of the imposition of this fee. A lump sum distribution is considered a termination for purposes of the imposition of this fee. However, a distribution after your attainment of age 70-1/2 or disability or death is not considered a termination, and is not subject to the termination fee. Collection of Fees and Charges: Account fees and charges, as described above, are charged in advance or in connection with the applicable services and events, and are at no time refundable. We generally bill and collect fees and charges quarterly, based on your account establishment date. These fees and charges are normally withdrawn from your undirected cash funds balance approximately 20 days after the invoice date, unless they have been actually paid directly by you. Late payment fees: The lesser of 1.5% per month *(18% annum)* or the maximum allowable under applicable law. If there is insufficient undirected cash in your account, we will liquidate other assets to pay for such fees and charges, after giving you 30 days' notice of our intention to do so. Re-registration of assets plus expense of transfer agents when applicable is $100. The Entrust Group, Inc. shall have no liability for any adverse tax or other financial consequences as a result of applying account cash and liquidating other account assets to cover the fees and charges. The Entrust Group, Inc. reserves the right to sell any past due receivables to a collection and credit reporting agency.

In accordance with your Account Application, this Fee Schedule is part of your Agreement with the Administrator and must accompany your Application.

PRINT NAME:	
SIGNATURE:	**DATE:**

The Entrust Group

Rollover/Direct Rollover Certification

555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

1 Account Information

NAME *(as it appears in your plan)*		ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	PHONE	LEGAL ADDRESS
CITY, STATE, ZIP		

2 Previous Custodian's Information

☐ **Check here if rollover is from the Entrust account above**

NAME OF CUSTODIAN/TRUSTEE		PREVIOUS CUSTODIAN'S ACCOUNT NUMBER
CONTACT NAME	PHONE	OFFICE ADDRESS
CITY, STATE, ZIP		

3 Indicate type of plan you are rolling over from

☐ TRADITIONAL ☐ ROTH ☐ SEP ☐ SIMPLE ☐ ESA ☐ HSA ☐ OTHER (PS, MP, DB, 401(k), 403(b), 457) ______________________

4 Verify that you are eligible to perform this transaction *(select one)*

I am an eligible person to perform this transaction:

☐ PLAN PARTICIPANT	☐ SPOUSE BENEFICIARY OF ACCOUNT	☐ NON-SPOUSE BENEFICIARY OF ACCOUNT	☐ EX-SPOUSE OF ACCOUNT DUE TO DIVORCE/LEGAL SEPARATION	☐ RESPONSIBLE INDIVIDUAL

5 Type of asset(s) to be rolled over

To rollover **CASH**, please follow the instructions below and allow for 5 business days for checks to clear. Contact our office for wire instructions.

Amount: $	Please make check payable to: **The Entrust Group FBO (your name)**

To rollover **INVESTMENTS** (private stock, real estate, LLCs, notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description	**Value**
Total Value:	

☐ DELIVERY INSTRUCTIONS ATTACHED ☐ CURRENT STATEMENT IS ATTACHED

The Entrust Group

Rollover/Direct Rollover Certification

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6 Acknowledgement

Please note: Your current plan may require additional documentation. Please read the following statement carefully.

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of The Entrust Group Account Application. I understand the rules and conditions applicable to a *(check one)* ☐ Rollover ☐ Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-directed account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator and/or Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Entrust has authority to agree to anything different than my foregoing understandings of Entrust policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets as a rollover contribution. By signing this form, I certify that I am completing this rollover within:

A. 60 calendar days following the day I received the assets, I have not performed a rollover from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution.

B. If am a non-spouse beneficiary, this a direct roll over from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

I have read and understand the disclosure above.

SIGNATURE:	DATE:

Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607

The Entrust Group
555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

Account Transfer Form

Instructions and Guidelines

Use this form to transfer an existing account to The Entrust Group.

When completing your Account Transfer Form, please follow these guidelines:

- Be sure to fill out ALL sections of the Account Transfer Form.
- Contact your current Trustee/Custodian to inquire if a Medallion Signature Guarantee is required. If required, one should be obtained from an authorized member of the Securities Transfer Agents Medallion Program (STAMP). Check with your local bank or broker/dealer to see if they offer this service. ***Note: a Notary Public is not acceptable.***
- Contact your current Trustee/Custodian to inquire if they accept fax or email copies of your transfer request.
- You must submit a copy of a current statement (dated within 6 months) for the account you are transferring from, along with the Account Transfer Form.
- For each account that is being transferred to The Entrust Group, you MUST fill out a separate Account Transfer Form.
- If you are transferring an annuity, you **may incur** surrender/penalty charges. Please attach the original policy or a statement.
- If you are transferring a Brokerage IRA and wish to transfer as cash, you will need to liquidate the appropriate assets prior to completing and submitting the Account Transfer Form.

Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607

Contact Us

ONLINE	BY PHONE	BY EMAIL
Contact a sales representative online at www.theentrustgroup.com/locations	For immediate assistance, please contact a Client Service Representative at: Phone: (800) 392-9653	E-mail questions to: TEG@TheEntrustGroup.com

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Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

The Entrust Group

Account Transfer Form

1 Account Information

NAME *(as it appears on your account application)*	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Account Information and Compatibility

Must transfer to a compatible type of account *(Please reference compatibility chart on our website at www.TheEntrustGroup.com)*

Account Type Being Transferred *(check one)*	**To The Entrust Group Account Type** *(check one)*
☐ TRADITIONAL ☐ ROTH ☐ BENEFICIARY ☐ SEP ☐ SIMPLE ☐ ESA ☐ HSA	☐ TRADITIONAL ☐ ROTH ☐ BENEFICIARY ☐ SEP ☐ SIMPLE ☐ ESA ☐ HSA

Qualified Plan Transfer *(check one if applicable)*
☐ QUALIFIED PLAN **TO** QUALIFIED PLAN *(Pre-tax)*
☐ QUALIFIED PLAN ROTH **TO** QUALIFIED PLAN ROTH *(Post-tax)*

3 Current Custodian Information

Copy of current statement is required for the account being transferred

CUSTODIAN NAME		ACCOUNT NUMBER
ESTIMATED TRANSFER VALUE	STREET ADDRESS	CITY, STATE, ZIP
PHONE		FAX

4 Transfer Instructions

- For all **liquidation*** requests, contact your current Trustee/Custodian to initiate the liquidation process.
- The term "**liquidate*** all assets and transfer proceeds" will result in all assets being sold and the cash proceeds being forwarded to The Entrust Group.
- The term "in-kind" refers to the re-registration of stock, mutual fund, etc. from the prior Trustee/Custodian's name to The Entrust Group.
- If only a partial transfer of certain asset(s) is desired, please list all assets to be liquidated or transferred in-kind in the spaces provided, as well as mark the appropriate box. **A copy of a recent statement (dated within 6 months) from your current Trustee/Custodian is required.**

Type of Transfer: *(check one)*

☐ **FULL TRANSFER**	☐ **FULL TRANSFER**	☐ **PARTIAL TRANSFER**
Liquidate* all assets and transfer as cash	Transfer all assets ***in-kind***	*(list on next section)*

555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

The Entrust Group

Account Transfer Form

PARTIAL TRANSFER ONLY Description of Asset *(cash, real estate, LLC, etc.)*	QUANTITY *(All, # of Shares, or Value)*	INSTRUCTIONS *(Please check one box per asset)*
1.		☐ CASH ONLY
2.		☐ LIQUIDATE* or ☐ IN-KIND
3.		☐ LIQUIDATE* or ☐ IN-KIND
4.		☐ LIQUIDATE* or ☐ IN-KIND

5 Delivery Instructions

1. Send transfer request to current custodian by:

☐ FIRST CLASS MAIL
☐ VIA FAX NUMBER: ____________________________
☐ SEND OVERNIGHT VIA 3RD PARTY BILLING: ☐ FedEx ☐ UPS

☐ OVERNIGHT DELIVERY* AND CHARGE MY ACCOUNT THE OVERNIGHT FEE
**Physical address must be provided, cannot overnight to P.O. Box*
ACCOUNT NUMBER:

2. Choose how you want your current trustee/custodian to deliver your assets to The Entrust Group

Funds are available next day upon receipt.	If received by check, funds are not available for 5 business days.
☐ INCOMING WIRE TRANSFER *(additional fee applies)*	☐ REGULAR CHECK ☐ CASHIER'S CHECK

6 Account Owner Signature and Acknowledgement

1. I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established an Entrust self-directed account.
2. I understand the rules and conditions applicable to an Account Transfer. I understand that it is my responsibility to contact my current financial institution to determine whether a medallion guarantee is required. If a medallion guarantee is required, it is my responsibility to take this Form to my bank or credit union for a medallion guarantee. (Failure to obtain a medallion guarantee could result in delays and/or rejection of this request by your current financial institution)
3. I qualify for the account transfer of assets listed in section 4 and authorize such transactions.
4. I understand that no one at Entrust has authority to agree to anything different than my foregoing understandings of Entrust policy.

(Medallion Signature Guarantee Stamp)

SIGNATURE	DATE

FOR OFFICE USE ONLY: Acceptance of Receiving Custodian

Pursuant to a limited written delegation, the Custodian has authorized The Entrust Group to serve as the Administrator for the Custodian and to sign this form on the Custodian's behalf. The Custodian ASSUMES NO INVESTMENT CONTROL OVER CLIENT FUNDS AND ACTS ONLY AS A CUSTODIAN FOR CLIENT FUNDS. The Custodian assumes no investment management or investment fiduciary obligations.

The Entrust Group on behalf of the Custodian.

AUTHORIZED SIGNATURE, THE ENTRUST GROUP: ______________________________ **DATE:** ________________

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The Entrust Group

Deposit Coupon

1 Account Information

NAME *(as it appears on your account application)*	ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Deposit Information

PAYABLE TO: The Entrust Group Inc.—FBO (Your Name and Account #)

Reason for Deposit *(select one)*

☐ INCOME FROM ASSET	☐ CONTRIBUTION TAX YEAR: **If a tax year is not indicated, the contribution will be treated as a current year contribution.*		
DOLLAR AMOUNT $	ASSET DESCRIPTION		
If loan then:			
LOAN NUMBER	INTEREST AMOUNT	PRINCIPAL AMOUNT	DATE

Deposit Method *(select one options below)*

☐ CHECK	SENDER'S NAME

☐ WIRE or ☐ ACH	
ORIGINATING BANK NAME	DATE SENT TO ENTRUST
SENDER'S NAME	
REFERENCE	

Deposit Frequency

☐ ONE-TIME	☐ MONTHLY	☐ QUARTERLY	☐ OTHER:

3 Account Owner Signature

SIGNATURE:	**DATE:**

Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607

The Entrust Group

555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

Buy Direction Letter
Real Estate

Instructions and Guidelines

Use this form to purchase real estate.

Please follow these guidelines below:

- Provide a copy of these instructions to the entity responsible for closing the transaction.
- When purchasing an asset for your account, it is imperative that the documents are properly titled. Incomplete documentation may result in processing delays and/or special handling charges. All documents must be vested as follows:
  For IRAs, ESAs, HSAs: The Entrust Group, Inc. FBO [Client's Name] Account # [Entrust Acct. Number]
  Example: The Entrust Group, Inc. FBO John Smith Account #12345 or
  Example: The Entrust Group, Inc. FBO John Smith Account #12345, [Percentage of ownership] % undivided interest
  For Qualified Plans: [Trustee's Name], Trustee of [Plan Name] FBO [Client's Name, Entrust Acct. Number]
  Example: David Smith, Trustee of Little Angels Profit Sharing 401K Plan FBO John Smith Account #12345 or
  Example: David Smith, Trustee of Little Angels Profit Sharing 401K Plan FBO John Smith Account #12345, [Percentage of ownership] % undivided interest
- Use Entrust's information when a purchaser's Tax ID or physical address is required on documents:
  Tax ID: 27-0422099 (for Qualified Plans, use plan Tax ID)
  Address: The Entrust Group, Inc., 555 12th Street, Ste. 1250, Oakland, CA 94607
- All documents must be notated "**read and approved**" with a signature and date by the client on each page of the documents before sending them to Entrust for signature. Please do not sign the documents where a signature is required as Entrust must sign all documentation for the purchase on behalf of the client.
- Prior to funding, Entrust must receive all documents signed by all parties for recordkeeping and IRS audit purposes. If seller is an entity, entity formation documents are required to be sent along with the funding documents.
- The client must ensure that the documents are received by Entrust at lease three business days prior to closing to allow for processing time. To expedite a transaction, documents must be received before noon (PST) for same day review prior to closing and a $150 special handling fee applies.
- After the transaction has been funded, all documents (recorded Deed, Title Policy, and final Settlement Statement if applicable) must be returned to Entrust for safekeeping.

Required Documentation

Note: *Do not use personal funds for the earnest deposit. IRS rules do not allow the use of personal, non-IRA funds for the deposits.*

To make initial earnest deposit:

1. Entrust's Buy Direction Letter Form*
2. Purchase Contract*

For Closing:

*Items 1-2, plus the following:
3. Warranty/Grant Deed
4. Preliminary Title Report
5. Estimated Closing Statement *(if applicable)*
6. Loan documents *(if applicable)*

Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607

The Entrust Group

Buy Direction Letter
Real Estate

555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

1 Account Information

NAME *(as it appears on your account application)*	ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Review Processing *(check one option)*

OPTION #1	OPTION #2
☐ NORMAL REVIEW REQUEST Documents are to be reviewed within approximately three business days.	☐ EXPEDITED REVIEW REQUEST ($150.00) Documents are to be reviewed within one business day if documents are received before noon (PST). Any documents received after noon (PST) will be reviewed by close of business the following day.
The review request does not guarantee the completion of the transaction.	

3 Entity Responsible for Closing the Transaction

Escrow Company/Title Company/Attorney

COMPANY NAME		CONTACT NAME
PHONE	FAX	EMAIL
EXPECTED CLOSING DATE		FILE/ESCROW NUMBER

4 Investment Information

☐ NEW PURCHASE	☐ ADDITIONAL FUNDING*	☐ EXCHANGE

* An additional funding occurs when additional funds are sent out for additional percentage of ownership of the property that was previously purchased by your account.

PROPERTY TYPE *(Check all that apply)*

☐ Single Family ☐ Multi-Family Residential (duplex, condo, etc.) ☐ Commercial ☐ Vacant Land ☐ Foreign ☐ Other ______________________

Is the property a ☐ REO ☐ Short Sale

PARCEL NUMBER OR LOT/BLOCK NUMBER	CONTRACT PRICE $	DEPOSIT AMOUNT $	
PROPERTY ADDRESS	CITY	STATE	ZIP CODE
INDICATE PERCENTAGE OF OWNERSHIP FOR THIS ACCOUNT %	IS THIS A REPLACEMENT? ☐ YES ☐ NO A replacement occurs when an asset defaults and is exchanged for its collateral.		
WILL THE PROPERTY HAVE DEBT FINANCING?	☐ YES, this property will have debt financing. If yes, please complete section 5. ☐ NO, this property will not have debt financing.		

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5 Lender Information For Debt Financing

LENDER NAME	LOAN NUMBER		
LENDER ADDRESS	CITY	STATE	ZIP CODE

NON-RECOURSE LOAN If you obtain financing on the property, it must be non-recourse to the account, with no personal guarantee by the account owner or any disqualified person related to the account.

UNRELATED DEBT FINANCED INCOME TAX Property purchased by your retirement account using debt financing may be subjected to Unrelated Debt Finance Income Tax. You will be responsible for preparation of 990-T form for our signature. Please seek a tax professional or CPA if you have questions concerning the matter. You may also visit www.IRS.gov for additional information.

6 Investment Initial Deposit Information *(If applicable, otherwise please go to section 8)*

Deposit Method *(Select one of two options below)*

1 ☐ WIRE *(Please complete wire instructions below or attach wiring instructions; additional fee applies)*

BANK NAME	BANK ABA/ROUTING NUMBER
ACCOUNT NAME	ACCOUNT NUMBER
REFERENCE NUMBER	

2 ☐ CHECK ☐ ISSUE A CASHIER'S CHECK *(additional fee applies and overnight mail is required)*

PAYEE NAME		TELEPHONE NUMBER *(for overnight deliveries)*	
PAYEE ADDRESS	CITY	STATE	ZIP CODE

Check/Cashier's Check Delivery Instructions

☐ REGULAR MAIL	☐ OVERNIGHT MAIL *(additional fee applies)*
☐ BILL TO THIRD PARTY	☐ FedEx or ☐ UPS Account #:
☐ MAIL CHECK TO *(other than payee address above)*	

NAME		TELEPHONE NUMBER *(for overnight deliveries)*	
ADDRESS	CITY	STATE	ZIP CODE

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Oakland, CA 94607
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Fax: (510) 587-0960

7 Investment Funding Information

☐ **THE INFORMATION IS THE SAME AS SECTION 6. CHECK BOX AND SKIP TO SECTION 8.**

Funding Method *(Select one of two options below)*

1 ☐ WIRE *(Please complete wire instructions below or attach wiring instructions; additional fee applies)*

BANK NAME	BANK ABA/ROUTING NUMBER
ACCOUNT NAME	ACCOUNT NUMBER
REFERENCE NUMBER	

2 ☐ CHECK ☐ ISSUE A CASHIER'S CHECK *(additional fee applies and overnight mail is required)*

PAYEE NAME		TELEPHONE NUMBER *(for overnight deliveries)*	
PAYEE ADDRESS	CITY	STATE	ZIP CODE

Check/Cashier's Check Delivery Instructions

☐ REGULAR MAIL	☐ MAIL OVERNIGHT *(additional fee applies)*
☐ BILL TO THIRD PARTY	☐ FedEx or ☐ UPS Account #:
☐ MAIL CHECK TO *(other than payee address above)*	

NAME		TELEPHONE NUMBER *(for overnight deliveries)*	
ADDRESS	CITY	STATE	ZIP CODE

8 Special Instructions *(if applicable)*

9 Payment of Fees *(select one)*

☐ ENTRUST ACCOUNT	☐ CHECK	☐ CREDIT CARD *(Please complete section 10)*

All fees are due at time of transaction. If no indication is made, fees will be deducted from your un-directed cash balance. Transaction will not be processed unless sufficient funds are available.

The Entrust Group
555 12th Street, Suite 1250
Oakland, CA 94607
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Buy Direction Letter
Real Estate

10 Credit Card Information

CARD TYPE *(choose one)*: ☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ DISCOVER

NAME AS IT APPEARS ON CARD	CARD NUMBER	SECURITY CODE
EXPIRATION DATE	BILLING ADDRESS	
CITY, STATE, ZIP		

By signing below, you authorize your credit card to be charged for the option chosen above. 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. Future changes to the option made above must be submitted in writing.

SIGNATURE	**DATE**

11 Investment Acknowledgement

Prior to funding, all investment documents must be notated "read and approved" with your signature and date. **(For example: closing documents)**

I understand that my account is self-directed and that the Administrator and 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.

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, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of 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.

Transactions will not be processed unless sufficient funds are available. 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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Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

The Entrust Group

Payment Authorization Letter

1 Account Information

NAME *(as it appears on your account application)*	ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Asset Information

ASSET DESCRIPTION *(example: real estate address, LLC name , etc.)*	PERCENTAGE OF OWNERSHIP %

3 Payment Information

DESCRIPTION OF PAYMENT *(example: mortgage payment, insurance payment, HOA fees, etc.)*			
PAYEE NAME		ACCOUNT NUMBER	
PAYEE ADRESS	CITY, STATE, ZIP		AMOUNT *(relevant to percentage of ownership)* $
INFORMATION/ACCOUNT TO BE REFERENCED ON PAYMENT			
Set Up Recurring Payments *Recurring payment will be paid upon receipt of invoice.*			
☐ THIS IS A ONE TIME PAYMENT	☐ THIS IS A RECURRING PAYMENT	☐ REPLACE AN EXISTING RECURRING PAYMENT *Name of previous vendor required:*	☐ CANCEL AN EXISTING RECURRING PAYMENT *Name of vendor required:*
Frequency of Recurring Payment			
☐ ANNUALLY	☐ QUARTERLY	☐ MONTHLY	☐ OTHER:
DUE DATE:	START DATE:	END DATE:	☐ NOTE:

4 Payment Delivery Information

Payment Method ***(select one of two options)***

1 ☐ WIRE *(Please complete wire instructions below or attach wiring instructions; additional fee applies.)*

BANK NAME	BANK ABA/ROUTING NUMBER
BANK ADDRESS	CITY, STATE, ZIP
RECIPIENT NAME	RECIPIENT ACCOUNT NUMBER
FOR FURTHER CREDIT TO/PAYMENT DETAILS	

The Entrust Group — Payment Authorization Letter

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Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

2 ☐ CHECK ☐ ISSUE A CASHIER'S CHECK *(additional fee applies and overnight mail required)*

Check/Cashier's Check Delivery Instructions

☐ REGULAR MAIL	☐ OVERNIGHT MAIL *(additional fee applies)*
☐ BILL TO THIRD PARTY ☐ FedEx or ☐ UPS	Account #:
☐ MAIL CHECK TO *(other than payee address in section 3)*	

NAME		TELEPHONE NUMBER *(for overnight deliveries)*	
ADDRESS	CITY	STATE	ZIP CODE

5 Payment of Fees *(select one)*

☐ ENTRUST ACCOUNT	☐ CHECK	☐ CREDIT CARD (Please complete section 6)

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.

6 Credit Card Information

CARD TYPE *(choose one)*: ☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ DISCOVER

NAME AS IT APPEARS ON CARD	CARD NUMBER	SECURITY CODE
EXPIRATION DATE	BILLING ADDRESS	
CITY, STATE, ZIP		

By signing below, you authorize your credit card to be charged for the option chosen above. 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. Future changes to the option made above must be submitted in writing.

SIGNATURE	**DATE**

Left Blank Intentionally

Payment Authorization Letter

555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

7 Account Owner Signature

I understand that my account is self-directed and that the Administrator serving from time to time (as named in the Custodial Account Agreement or that entity's successor as Administrator and Custodian named in the disclosure statement received when the account was established will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that Administrator and Custodian do not endorse, approve or recommend any companies, products, services or investments. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that the Administrator and Custodian do not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws, including but not limited to whether my investment is a security requiring registration under the Blue Sky Laws or applicable Securities Laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that if the services of Administrator and/or Custodian were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, subsidiaries, Administrator and/or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties or agreements made by any such person or entity.

I understand that no one at Administrator and/or Custodian any of its licensees or licensors or franchisees have authority to agree to anything different than my foregoing understandings of Administrator policy. I understand that neither Administrator nor Custodian is a fiduciary for my account as such term is defined in the Internal Revenue Code, ERISA, Securities Laws or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold administrator 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, Securities Laws, or any other applicable federal, state or local laws. I also understand and agree that Administrator 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 pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator of my account.

I assume all responsibility in ensuring that Administrator and/or Custodian is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers). This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator.

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.

SIGNATURE:	DATE:

Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607

The Entrust Group

Outgoing Wiring Instructions

555 12th Street, Suite 1250
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960

1 Account Information

NAME *(as it appears on your account application)*	ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Bank Information

BANK NAME	BANK ABA/ROUTING NUMBER
BANK ADDRESS	CITY, STATE, ZIP
RECIPIENT NAME	RECIPIENT ACCOUNT NUMBER
FOR FURTHER CREDIT TO/PAYMENT DETAILS	

3 Account Owner Signature

SIGNATURE:	**DATE:**

Submission Options

SUBMIT BY FAX	**SUBMIT BY EMAIL**	**SUBMIT BY MAIL**
(510) 587-0960	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607