

Administrator Entrust CAMA Self-Directed IRA, LLC PA

The name of the company that performs record keeping and administration of your plan on behalf of the current custodian.

1. Account holder information *Please complete the following information.*

| Account holders name | Account number |
|----------------------|----------------|
| | |
| | Deposit amount |
| | \$ |
| Reason for deposit* | |

| | | |
|---|-----------------|------------------------|
| <input type="checkbox"/> Contribution | *Tax Year _____ | Mortgage Payment _____ |
| <input type="checkbox"/> Income | | Loan Number _____ |
| <input type="checkbox"/> Rollover <i>(Please attach a rollover certificate form with this coupon)</i> | | Interest Income _____ |
| <input type="checkbox"/> Transfer | | Date _____ |

**If a tax year is not indicated, the contribution will be treated as a current year contribution.*

Client Signature _____ **Date** _____

Entrust Administrator _____ **Date Received** _____