

1 Account Information

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

2 Reason For Deposit (select one)**PAYABLE TO:** [Client Account #] The Entrust Group Inc FBO [Client Name]**2A: Contribution**☐ IRA CONTRIBUTION TAX YEAR*:

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

2B: Deposit for Real Estate Asset**NOTE:** If this is your **final payment on a real estate note**, resulting in a **\$0 balance** and removal of the asset from your account, please use the Note Payoff form to submit a final payment.

Property Address or Description:		Percentage Of Ownership: %
<input type="checkbox"/> INCOME FROM ASSET	<input type="checkbox"/> INSURANCE CLAIM/ PROCEEDS	<input type="checkbox"/> OTHER (provide additional information):

2C: Deposit for Alternative Asset

Asset Name:		Percentage Of Ownership: %
<input type="checkbox"/> INCOME FROM ASSET	<input type="checkbox"/> IN-KIND INCOME	
<input type="checkbox"/> OTHER (provide additional information):		

2D: Deposit for Note**NOTE:** If this is your **final private lending payment**, resulting in a **\$0 balance** and removal of the asset from your account, please use the Note Payoff form to submit a final payment.

Borrower Name or Address:		Percentage Of Ownership: %	
<input type="checkbox"/> INCOME FROM ASSET	<input type="checkbox"/> OTHER (provide additional information):		
INTEREST	PRINCIPAL	AMORTIZATION ON FILE	CURRENT OUTSTANDING PRINCIPAL

FORM CONTINUES ON PAGE 2

3 Deposit Details *(select one)*

DOLLAR AMOUNT

\$

☐ CHECK

SENDER'S NAME

☐ WIRE or ☐ ACH (If Wire or ACH selected, fill out below)**ACH PAYMENT NOTICE**

Some banks have ACH delivery instructions character limit policies in place. If the bank does not receive all required ACH information due to the character limits, payment processing may not occur. Therefore, selecting ACH could slow down your transaction or result in having to repeat the process if the bank cannot read all the information required to process the payment.

PAYEE NAME

BANK NAME

FOR FURTHER CREDIT TO

BANK ABA / ROUTING NUMBER

ACCOUNT NUMBER

PAYEE STREET ADDRESS

CITY

STATE

ZIP CODE

ADDITIONAL INFORMATION

4 Account Owner Signature

SIGNATURE:

DATE:

**Submission Options****SUBMIT BY FAX**

(510) 587-0960

SUBMIT BY EMAIL

clientservices@theentrustgroup.com

SUBMIT BY MAILThe Entrust Group
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Oakland, CA 94607