

## 1 Account Information

|  |  |                   |
|--|--|-------------------|
| NAME (as it appears on your account application) |  | ACCOUNT NUMBER(S) |
| DAYTIME PHONE NUMBER                             |  | EMAIL ADDRESS     |

## 2 Credit Card Information

|  |                               |                                      |   |
|--|-------------------------------|--------------------------------------|---|
| PAY WITH CARD ON FILE <input type="checkbox"/>   | LAST 4 DIGITS OF CARD _ _ _ _ |                                      |   |
| NEW CARD (select one):   | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTER CARD | <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER |
| 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  |

## 3 Fees Charged

Check All That Apply:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>ONE-TIME FEE \$ _____</b><br><br>By checking this box, you authorize Entrust to charge your credit card a one-time fee. Entrust will not charge any future fees to this card. | <input type="checkbox"/> <b>CURRENT / FUTURE ANNUAL RECORD KEEPING AND TRANSACTION FEES</b><br><br>By checking this box, you authorize Entrust to charge your credit card the recordkeeping and transaction fees. | <input type="checkbox"/> <b>TERMINATION FEE</b><br><br>By checking this box, you authorize Entrust to charge a termination fee. Entrust will not charge any future fees to this card. |
|---|---|---|

## 4 Acknowledgement

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 |
|-----------|------|

## Submission Options

| SUBMIT BY FAX  | SUBMIT BY EMAIL               | SUBMIT BY MAIL   |
|----------------|-------------------------------|--|
| (510) 587-0960 | Myaccount@TheEntrustGroup.com | The Entrust Group<br>555 12th Street, Suite 900<br>Oakland, CA 94607 |