

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

4 Account Owner Signature

SIGNATURE:

DATE:



Submission Options

SUBMIT BY FAX

(510) 587-0960

SUBMIT BY EMAIL

cashmanagement@theentrustgroup.com

SUBMIT BY MAIL

The Entrust Group
 555 12th Street, Suite 900
 Oakland, CA 94607