

1 Name of Entity Establishing the Plan

ACCOUNT TYPE Individual 401(k)	TAX ID NUMBER OF INDIVIDUAL 401(k)	LEGAL NAME OF BUSINESS
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2 Plan Participant Information

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.			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 <input type="checkbox"/> SAME AS ABOVE														FAX			
CITY			COUNTY				STATE			ZIP			EMAIL				

Are you considered to be a politically exposed person (PEP)? ☐ YES ☐ NO

A politically exposed person (PEP) is an individual who holds or has held a significant public position within their own country. This could include high-ranking government officials, politicians or individuals with influence over public policies on a national level.

Check the Appropriate Box to Indicate Your Marital Status

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED OR DIVORCED
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3 Entrust Representative or Office

Name of Entrust representative or Entrust office

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4 Account Notifications and Options

Would you like to have online access to your statements? <input type="checkbox"/> Yes (Account statements will be mailed annually only) <input type="checkbox"/> No	Would you like to receive email notifications of changes to your account? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5 Funding Information

How will you be funding your account?

<input type="checkbox"/> ANNUAL CONTRIBUTION	\$ _____	Year: _____
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6 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 The Entrust Group, Inc. to be the Record Keeper for my Individual 401(k) account with the employer listed on this application.

I acknowledge that I am (initial the appropriate status):

____ **The employer and that I am the Trustee and Plan Administrator of the Individual 401 (k) Plan and that I can appoint a successor Trustee or Plan Administrator.**

____ **The spouse of the employer and I acknowledge that the employer is the Trustee and Plan Administrator of my account**

____ **A partner of the employer named in this application and that the employer is the Trustee and Plan Administrator.**

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.

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) Insuring 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.

Investment Direction. Until such time as I change or revoke the designation, I hereby instruct the record keeper to follow the investment directions which I provide regarding the investing and reinvesting of the principal and interest, as confirmed by direction letters to Record Keeper from the undersigned, for the above-referenced Account or other account for which Record Keeper 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, Record Keeper, 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, Record Keeper 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 Record Keeper 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 Record Keeper, its agents or assigns. Record Keeper may deduct from the account any amounts to which

they are entitled to the reimbursement under the foregoing hold harmless provision. Record Keeper has 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 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. For purposes of this paragraph, the terms Record Keeper includes The Entrust Group, its agents, assigns, and/or business partners.

In the event of claims by others related to my account and/or investment wherein Record Keeper is named as a party, Record Keeper 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 Record Keeper in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Record Keeper, on demand by Record Keeper, I will promptly reimburse Record Keeper the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Record Keeper 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 Record Keeper 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 Record Keeper has authority to agree to anything different than my foregoing understandings of the Record Keeper's policy. For purposes of this paragraph, the terms Record Keeper includes The Entrust Group, its agents, assigns, affiliates and/or business partners. In executing transfers, it is understood and agreed that I will not hold Record Keeper 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 record keeper 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 Record Keeper. 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 The Entrust Group, Inc. 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 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 Record Keeper 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.

7 Plan Participant Signature

As the Employer, I acknowledge that I have received and reviewed a copy of the Plan and Trust document, Adoption Agreement, Employer Sponsored Plan Account Agreement, Fee Disclosure as well as the other documents contained in this Account Application Kit. If I am not the employer I will contact the employer who shall provide me with the appropriate information regarding my participation in this Individual 401(k) Plan.

I understand that Entrust will not provide any investment advice. All tax reporting for this plan is the responsibility of the trustee. Entrust does not report any 1099R or 5500 for Qualified Plans.

SIGNATURE OF PLAN PARTICIPANT	DATE
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