

ATTENTION

1. Use this form to make a new private equity purchase, add additional funds to an existing private equity asset, or complete an exchange.
2. For a New Purchase or Exchange: Please be aware of the following requirements.
 - a. A fully executed investment agreement must be sent along with this form for any new purchases or exchanges. The requirements for those are:
 - All asset purchases must be made in the name of your Plan.
 - Title vesting should read: **John Doe MD, LLC 401(k) Plan, John Doe as Trustee, Account #12345**

**Please keep in mind that the investment you purchased will be considered a pending asset until the document(s) with the above requirements have been received. If a fully executed agreement has not been delivered to The Entrust Group within sixty (60) days of sending funds to the investment provider, the pending record in your account will be removed and marked as a distribution of undirected cash and reported via IRS Form 1099-R.*
3. To add Additional Funds to your investment:
 - a. If the Plan is funding a single-member LLC, only complete and send this form. No additional documents are required.
 - b. For an existing asset that is NOT a single-member LLC, please send a copy of the Capital Call letter. The copy of the Capital Call Letter must meet the same requirements than the ones for New Purchases listed above.

1 Plan Information

PLAN NAME (as it appears on your plan document)	PLAN NUMBER	TRADITIONAL OR ROTH? <input type="checkbox"/> Traditional Only <input type="checkbox"/> Roth Only <input type="checkbox"/> Both Traditional and Roth
EMAIL ADDRESS (required)		DAYTIME PHONE NUMBER

2 Review Processing (check one option)

NOTE: The review request does not guarantee the completion of the transaction. If all required documents are deemed to be in good order after review, funding will occur the following business day. If documents require any corrections, the corrected documents must be submitted before 9:00 a.m. Pacific Time that business day for same day funding.

OPTION #1 <input type="checkbox"/> NORMAL REVIEW REQUEST Documents are reviewed within approximately 3–5 business days.	OPTION #2 <input type="checkbox"/> EXPEDITED REVIEW REQUEST (\$150) Documents are reviewed within approximately 1–2 business days.
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3 General Asset Information (select one)

NOTE: When purchasing an asset, it is imperative that all documents are properly titled/vested in the name of your plan.

Title vesting example: John Doe MD, LLC 401(k) Plan, John Doe as Trustee, Account #12345

<input type="checkbox"/> NEW PURCHASE	<input type="checkbox"/> ADDITIONAL FUNDING ¹	<input type="checkbox"/> EXCHANGE
¹ Additional funding means sending more funds into an asset that is already held in your Entrust Plan Account. We will update the value of the current asset. This is not a new purchase.		Name of Investment Being Exchanged: _____
		Percentage of Investment to Be Exchanged: <input type="checkbox"/> 100% <input type="checkbox"/> Other: %
INVESTMENT NAME (describe the investment here. Examples: name of the LLC, joint venture, private equity, etc.)		PERCENTAGE OF OWNERSHIP %

4 Purchase Amount

QUANTITY (number of shares, units, etc.)	PRICE (per share, units, etc.) \$	TOTAL PURCHASE AMOUNT \$
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5 **Outgoing Payment Instructions**PLEASE SELECT YOUR FUNDING METHOD (select one): ☐ WIRE ☐ CHECK ☐ CASHIER'S CHECK ☐ ACH**For WIRE and ACH (please complete this section if you selected WIRE or ACH)****ACH PAYMENT NOTICE**

Some banks place character limits on ACH delivery instructions. 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

For CHECK and CASHIER'S CHECK (please complete the information below if you selected CHECK or CASHIER'S CHECK)

PAYEE NAME	PAYEE PHONE NUMBER		
PAYEE STREET ADDRESS	CITY	STATE	ZIP CODE

☐ MAIL CHECK TO (if different from Payee Address)

NAME	PHONE NUMBER (for overnight delivery)		
STREET ADDRESS	CITY	STATE	ZIP CODE

SEND CHECK VIA:

- ☐ Regular Mail
- ☐ Overnight Delivery (\$30 fee applies; cannot overnight to a PO Box)
☐ Charge my Entrust Account
☐ Use third-party billing
☐ FedEx ☐ UPS Account #: _____

ADDITIONAL INFORMATION

6 **Pay Entrust Fees (select one)****NOTE: ALL FEES ARE DUE AT TIME OF TRANSACTION. IF NO INDICATION IS MADE, FEES WILL BE DEDUCTED FROM YOUR UNDIRECTED CASH BALANCE. TRANSACTION WILL NOT BE PROCESSED UNLESS SUFFICIENT FUNDS ARE AVAILABLE.**☐ ENTRUST ACCOUNT ☐ CREDIT CARD (complete section 7)

7 Credit Card Information

PAY WITH CARD ON FILE <input type="checkbox"/>		LAST 4 DIGITS OF CARD ____	
NEW CARD <i>(select one)</i> : <input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD	<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 OF CARDHOLDER			DATE

8 Individual 401(k) Disclosure and Plan Trustee or Plan Participant Signature

For full disclosure language, please refer to section 6 of your Individual 401(k) Plan application: Investment Direction and Important Disclosures.

I understand that Entrust will not provide any investment advice. All tax reporting for this plan is the responsibility of the Trustee.

SIGNATURE OF PLAN TRUSTEE OR PLAN PARTICIPANT	DATE
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