



Instructions and Guidelines

Please follow the instructions below to avoid processing delays:

1. Use this form to lend funds or add funds to an unsecured, secured, or convertible note.
2. To purchase a real estate note, use the [Individual 401\(k\) Real Estate Note Buy Direction Letter](#).
3. For a **New Note**: Please be aware of the following requirements.
 - a. A fully executed note must be sent along with this form. The requirements are as follows:

- All asset purchases must be made in the name of your plan, NOT the account owner.
 - Title vesting should read: **John Doe MD, LLC 401(k) Plan, John Doe as Trustee, Account #12345**
- The **purchase amount** needs to be stated in the note.
- When the borrower is an entity only: The **Manager or Authorized Signer** for the investment must sign the note.*

**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 note 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.*

4. For **Additional Funds**: Be sure to include a copy of the new note with its updated value. Your updated note must have all of the requirements listed above.



Required Documentation

The required documentation will vary depending on the type of note.

1. SECURED NOTE:

- ☐ ORIGINAL SECURED NOTE WITH ALL REQUIREMENTS MUST BE MAILED TO ENTRUST in order for us to release funds.
 - Please make sure to address your mailings to: **'ATTN to: Alternative Assets'**.
- ☐ Collateral agreement
- ☐ Articles of incorporation (*if borrower is an entity*)
- ☐ Amortization schedule

2. UNSECURED NOTE:

- ☐ Copy of the original unsecured note
- ☐ Articles of incorporation (*if borrower is an entity*)
- ☐ Amortization schedule

3. CONVERTIBLE NOTE:

- ☐ Copy of the original convertible note
- ☐ Amortization schedule



Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	alternativeassets@theentrustgroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607

1 Plan Information

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

2 Review Processing *(select one)*

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 <i>(within approximately 3-5 business days)</i>	OPTION #2 <input type="checkbox"/> EXPEDITED REVIEW REQUEST (\$150) <i>(within approximately 1-2 business days)</i>
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3 General Asset Information

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 To: _____ From: _____
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¹Additional funding means sending more funds into an asset that is already held in your plan. We will update the value of the current note. This is not a new purchase.

Note Type *(select one)*

<input type="checkbox"/> UNSECURED NOTE	<input type="checkbox"/> CONVERTIBLE NOTE	<input type="checkbox"/> SECURED <i>(if secured by property, use Individual 401(k) Real Estate Note Buy Direction Letter)</i> Note is secured by _____
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NOTE VALUE: \$

Borrower Information *(INDIVIDUAL OR ENTITY NAME is the asset name on your plan. If the borrower is an entity, provide the articles of incorporation)*

INDIVIDUAL OR ENTITY NAME	IF ENTITY, PROVIDE AUTHORIZED SIGNER NAME	
ADDITIONAL INFORMATION		
ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE NUMBER

Repayment Type *(select one)*

<input type="checkbox"/> AMORTIZED <i>(please provide the amortization schedule)</i>	<input type="checkbox"/> INTEREST ONLY	<input type="checkbox"/> BALLOON AT MATURITY	<input type="checkbox"/> PRINCIPAL ONLY
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Frequency of Schedule *(select one)*

<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> OTHER <i>(please specify):</i>
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Terms *(complete all)*

MATURITY DATE	INTEREST RATE OF THE NOTE %	PAYMENT AMOUNT \$
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4 **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
<input type="checkbox"/> 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

5 **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 6)

6 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. Future changes to the option made above must be submitted in writing.			
SIGNATURE OF CARDHOLDER			DATE

7 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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