



## Instructions and Guidelines

**Please follow the instructions and guidelines below to avoid processing delays:**

- 1) Use this form to purchase real estate property in your account.
- 2) Provide a copy of these instructions and guidelines to the closing agent (escrow company, title company, or closing attorney) who is responsible for closing your transaction.
- 3) **When purchasing an asset for your plan, all related documents must be vested in the name of the plan:**  
**Example: John Doe MD, LLC 401(k) Plan, John Doe as Trustee, Account #12345**
- 4) Incomplete documentation may lead to processing delays and incur a special handling fee of \$150.00.
- 5) The Trustee must sign all purchase-related documentation on behalf of the Plan and submit the closing documents to Entrust for review.
- 6) For Entrust to make an Earnest Money Deposit (EMD), the Trustee must submit documents 1-2 listed below. Do not use personal funds for the earnest deposit. IRS rules prohibit the use of personal, non-IRA funds for the deposit.
- 7) Contact your closing agent to request the closing documents and ensure that they are delivered to Entrust at least three to five (3-5) business days prior to the closing date. To expedite the transaction, the Trustee must select Option #2 in Section 2 of the Buy Direction Letter. Please note that a special handling fee of \$150 applies for expedited review requests. While this option will speed up the process, it does not guarantee same-day funding for the transaction.
- 8) To fund the purchase, Entrust must receive the seller's executed documents for compliance and IRS audit review. The Trustee will be notified if any additional documents are required to complete the transaction.
- 9) After closing, please email the final documentation, including the recorded deed, title policy, and final settlement statement, to realestate@theentrustgroup.com for our records.



## Required Documentation

### To Make Earnest Money Deposit:

- 1) Fully executed Purchase Contract Agreement
- 2) Completed Entrust's "Real Estate Buy Direction Letter" Form

### To Execute Funding:

Items 1-2, plus the following:

- 3) Proposed Warranty or Grant Deed
- 4) Preliminary Title Insurance Commitment
- 5) Estimated HUD or Closing Statement
- 6) Escrow Closing Instructions (*if applicable*)
- 7) Loan Documents (*if applicable*)
- 8) Additional documents may be required based on circumstances to ensure the transaction is permitted.



## Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	realestate@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 *(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.**

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

COMPANY NAME	AGENT NAME	
EMAIL ADDRESS <i>(required)</i>		DAYTIME PHONE NUMBER

## 4 Closing Agent Information

### Escrow Company/Title Company/Closing Attorney

COMPANY NAME		CONTACT NAME	
PHONE	FAX	EMAIL	
EXPECTED CLOSING DATE		FILE/ESCROW NUMBER	

## 5 Property Information

<input type="checkbox"/> NEW PURCHASE	<input type="checkbox"/> ADDITIONAL FUNDING <sup>1</sup>	<input type="checkbox"/> EXCHANGE
PROPERTY TYPE <i>(check all that apply)</i>		
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family Residential (duplex, condo, etc.) <input type="checkbox"/> Commercial <input type="checkbox"/> Vacant Land <input type="checkbox"/> Foreign <input type="checkbox"/> Other: _____		
This property is a <input type="checkbox"/> REO <input type="checkbox"/> Short Sale		
PARCEL NUMBER OR LOT/BLOCK NUMBER	CONTRACT PRICE \$	DEPOSIT AMOUNT \$
PROPERTY ADDRESS		PROPERTY CITY, STATE, ZIP CODE
INDICATE PERCENTAGE OF OWNERSHIP FOR THIS ACCOUNT %		IS THIS A REPLACEMENT <sup>2</sup> ? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THE PROPERTY HAVE DEBT FINANCING?		
<input type="checkbox"/> YES, this property will have debt financing <i>(complete section 6).</i> <input type="checkbox"/> NO, this property will not have debt financing <i>(check box and skip to section 7).</i>		

<sup>1</sup> An additional funding occurs when additional funds are sent out for additional percentage of ownership of the property that was previously purchased by your account.

<sup>2</sup> A replacement occurs when an asset defaults and is exchanged for its collateral.

### 6 Lender Information for Debt Financing

LENDER NAME	LOAN NUMBER
LENDER ADDRESS	LENDER CITY, STATE, ZIP CODE
LENDER EMAIL	LENDER WEBSITE

**NON-RECOURSE LOAN:** Financing on the property must be non-recourse, meaning the loan is secured only by the property itself. Neither the retirement account owner nor any disqualified person can provide a personal guarantee.

**UNRELATED DEBT-FINANCED INCOME TAX:** Property purchased with your retirement account using debt financing may generate Unrelated Debt-Financed Income which is taxable. You will be responsible for reporting this income on IRS form 990-T using the IRA's Employer Identification Number (EIN). Please seek a tax professional or CPA if you have questions concerning this matter. You may also visit [www.irs.gov](http://www.irs.gov) for additional information.

### 7 Earnest Money Deposit (EMD) Payment Instructions

**NOTE:** In order for Entrust to issue the earnest money deposit for your purchase, you must submit the fully executed purchase contract agreement.

PLEASE SELECT YOUR FUNDING METHOD: ☐ WIRE ☐ CHECK ☐ CASHIER'S CHECK

**For WIRE** (Please complete the information below)

BANK NAME	PAYEE NAME		
BANK ABA / ROUTING NUMBER	PAYEE STREET ADDRESS		
ACCOUNT NUMBER	CITY	STATE	ZIP CODE
ADDITIONAL INFORMATION			

**For CHECK and CASHIER'S CHECK** (Please complete the information below)

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:**

<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Delivery (\$30 fee applies; cannot overnight to a PO Box)
	<input type="checkbox"/> Charge my Entrust Account
	<input type="checkbox"/> Use third-party billing
	<input type="checkbox"/> FedEx <input type="checkbox"/> UPS Account #: _____

ADDITIONAL INFORMATION

### 8 Funding Instructions (Closing)

**NOTE:** In order for entrust to issue funding for your purchase, you must acknowledge that you have read and approved the closing documents. Submit the "real estate transaction read and approved acknowledgment letter".

☐ THE INFORMATION IS THE SAME AS SECTION 6. CHECK BOX AND SKIP TO SECTION 8.

**PLEASE SELECT YOUR FUNDING METHOD:** ☐ WIRE ☐ CHECK ☐ CASHIER'S CHECK

#### For WIRE (Please complete the information below)

BANK NAME	PAYEE NAME		
BANK ABA / ROUTING NUMBER	PAYEE STREET ADDRESS		
ACCOUNT NUMBER	CITY	STATE	ZIP CODE
ADDITIONAL INFORMATION			

#### For CHECK and CASHIER'S CHECK (Please complete the information below)

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:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Regular Mail | <input type="checkbox"/> Overnight Delivery (\$30 fee applies; cannot overnight to a PO Box)<br><input type="checkbox"/> Charge my Entrust Account<br><input type="checkbox"/> Use third-party billing<br><input type="checkbox"/> FedEx <input type="checkbox"/> UPS Account #: _____ |
|---------------------------------------|--|

ADDITIONAL INFORMATION

### 9 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.

<input type="checkbox"/> ENTRUST ACCOUNT	<input type="checkbox"/> CREDIT CARD (complete section 10)
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**10 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

**11 Plan Trustee or Plan Participant Signature and Investment Acknowledgement**

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

Transactions will not be processed unless sufficient funds are available. If fees are being deducted from your account, the full amount of the transaction (plus fees) must be available before your transaction can be processed.

**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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