

# Individual 401(k) Participant Precious Metals Distribution Request

**1 Plan and Participant Information** *(please complete the following information)*

PARTICIPANT NAME			
ACCOUNT NUMBER	EMPLOYER PLAN NAME	EIN	
ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		PHONE NUMBER	

**2 Marital Status of Participant** *(select one)*

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED <i>(Please see Consent of Spouse in section 3)</i>	<input type="checkbox"/> WIDOWED OR DIVORCED
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**3 Consent of Spouse**

**Distributions of \$5,000 or More Requires Spousal Signature**

I, the undersigned spouse of the participant, have read the participant's request for distribution, and hereby consent to distribution of my spouse's benefits under the plan in the form requested. I have signed this consent freely and voluntarily.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_ and executed the above Consent of Spouse.  
(name of spouse)

IN WITNESS WHEREOF, I have signed my name and affixed my official seal of office on:

Signature of Notary: \_\_\_\_\_  
Notary Public—State of: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**4 Type of Distribution** *(select one)*

<input type="checkbox"/> FULL DISTRIBUTION All asset(s) in the Entrust Plan account will be distributed to the Plan participant personally. A full distribution is considered a termination of your Plan.	<input type="checkbox"/> PARTIAL DISTRIBUTION <i>(Only distribute cash/assets as described below)</i> <input type="checkbox"/> CASH ONLY: AMOUNT \$ _____ <input type="checkbox"/> IN-KIND ASSET(S) TO BE DISTRIBUTED: _____ _____
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## 5 Method of Payment

PLEASE SELECT YOUR FUNDING METHOD (select one):  WIRE  CHECK  CASHIER'S CHECK  ACH

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

### ACH PAYMENT NOTICE

Some banks have ACH delivery instructions character limit policies in place. 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.

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) <ul style="list-style-type: none"> <li><input type="checkbox"/> Charge my Entrust Account</li> <li><input type="checkbox"/> Use third-party billing             <ul style="list-style-type: none"> <li><input type="checkbox"/> FedEx <input type="checkbox"/> UPS Account #: _____</li> </ul> </li> </ul>
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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.**

<input type="checkbox"/> ENTRUST ACCOUNT	<input type="checkbox"/> CREDIT CARD (complete section 7)
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## 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 In-Kind Distribution Instructions

PAYEE NAME		TELEPHONE NUMBER <i>(for overnight deliveries)</i>
PAYEE ADDRESS		CITY, STATE, ZIP CODE
<input type="checkbox"/> SEND IN-KIND ASSETS TO <i>(if different than payee)</i>		
NAME		TELEPHONE NUMBER <i>(for overnight deliveries)</i>
ADDRESS		CITY, STATE, ZIP CODE
REASON FOR SHIPPING TO NON-PAYEE <i>(required)</i>		
WHICH DELIVERY SPEED DO YOU PREFER? <i>(required)</i>		
<input type="checkbox"/> Overnight <input type="checkbox"/> 2 Day <input type="checkbox"/> Ground <b>Note:</b> We will use the preferred carrier of your depository. If you have a specific carrier preferred, please provide details in the ADDITIONAL INFORMATION field.		
ADDITIONAL INFORMATION		

## 9 Plan Participant Signature

I certify that I am the proper party to receive payment(s) from this qualified plan account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Entrust and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Entrust shall in no way be responsible for those consequences. **PLEASE SIGN AND MAIL THIS FORM TO ENTRUST.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## 10 Plan Administrator Signature

The above request is hereby approved, and the Trustee is authorized to distribute the Participant's benefits in accordance with such request.

Signature of Plan Administrator: \_\_\_\_\_ Date: \_\_\_\_\_