

ATTENTION

1. Use this form only if this is your last payment, resulting in a **\$0 balance** and removal of the note from your account. **If this is NOT your final payment**, please use the [Individual 401\(k\) Deposit Transmittal Form](#) to submit a regular payment.
2. Payor must use the correct titling format when sending payment. Titling must be vested in the name of the plan.
a) Example: **The Entrust Group Inc. FBO John Doe MD, LLC 401(k) Plan, Account #12345**
3. If the note is secured by property, please prepare a demand statement and Full Reconveyance.

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 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

BORROWER OR ENTITY NAME <i>(the BORROWER OR ENTITY NAME will appear as your asset name on your Entrust account)</i>	PERCENTAGE OF OWNERSHIP %
Is the note secured or unsecured? <input type="checkbox"/> SECURED* <input type="checkbox"/> UNSECURED	
*If secured by property, please provide address:	

4 Payoff Information

FINAL PAYMENT AMOUNT \$	ORIGINAL NOTE AMOUNT \$
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5 **Deposit Information** *(select one)*PLEASE SELECT YOUR FUNDING METHOD: ☐ WIRE ☐ CHECK ☐ ACH**For CHECK** *(please complete the information below if you selected CHECK)*

SENDER'S NAME

For WIRE and ACH *(please complete this section if you selected WIRE or ACH)***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.

ORIGINATING BANK NAME

DATE SENT TO ENTRUST

SENDER'S NAME

6 **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 am directing you to complete this transaction as specified above. I confirm that the decision to sell this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator and/or Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Note Payoff 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.

For purposes of this Note Payoff, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, affiliates and/or business associates. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct and complete.

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

**Submission Options**

SUBMIT BY FAX

(510) 587-0960

SUBMIT BY EMAIL

forms@theentrustgroup.com

SUBMIT BY MAIL

The Entrust Group
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