

**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 (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 Precious Metals Dealer Information**

DEALER NAME	DEALER ADDRESS	
DEALER PHONE NUMBER	DEALER EMAIL ADDRESS	REPRESENTATIVE

By initialing, I, the Plan Owner, authorize The Entrust Group (as the Recordkeeper) to release the funds to the Dealer listed in Section 2. I understand that the Plan Owner is responsible for advising the Dealer of the funds in this Plan and the instruction/authorization to the Recordkeeper.

INITIAL HERE

**4 Sell Instructions**

I hereby direct the administrator and/or custodian to SELL the following asset(s) for my account:

Quantity (number of units)	Metal Type	Asset Name or Description (U.S. Silver Eagle, 1oz.)	Proof Am. Eagle?	Troy OZ. Each	Price (per number of units)	Total Sale Price (quantity times price)
						\$
						\$
						\$
						\$

Special Instructions:

Total \$

**Delivery Instructions**

Dealer, Depository, or Name of Recipient			
Sub-Account Number			
Shipping Address	Street Address		
	City	State	Zip Code

**5 Storage Location** *(select location that the metals are being shipped from)*☐ Metals are being shipped from one of the Entrust depository partners below:☐ Delaware Depository: Wilmington, DE☐ AMGL: Las Vegas, NV☐ Brinks: Los Angeles, CA☐ Delaware Depository: Boulder City, NV☐ AMGL: Irving, TX☐ Brinks: Salt Lake City, UT☐ Dakota Depository☐ Idaho Armored Vaults☐ Brinks: JFK/Springfield Gardens, NY☐ Miles Franklin (Brinks): Montreal, CA☐ CNT☐ Metals are being shipped from another location *(please provide an explanation of the storage method and location):*  
  

By initialing, I acknowledge the following: There are numerous depositories that specialize in storage and safekeeping of precious metals. I understand that the Recordkeeper is not and cannot be held responsible for the actions of these depositories. I hereby release and hold harmless the Recordkeeper from any damages that I may incur with respect to my choice of depository and any activities or lack of activities on the part of said depository.

INITIAL HERE

**6 Outgoing Payment Instructions** *(select one)*☐ WIRE *(\$30 fee applies; default method if nothing selected)*☐ CHECK☐ OVERNIGHT CHECK *(\$30 fee applies; cannot overnight to a PO Box. Also, invoice must be attached)***7 Pay Entrust Fees** *(select one)*☐ PAY WITH UNDIRECTED CASH FROM MY ENTRUST ACCOUNT☐ CREDIT CARD *(complete section 8)***8 Credit Card Information**PAY WITH CARD ON FILE ☐

LAST 4 DIGITS OF CARD \_ \_ \_ \_

NEW CARD *(select one):*☐ VISA☐ MASTERCARD☐ AMERICAN EXPRESS☐ 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

## 9 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.**

**Not Responsible for Market Condition Variances:** I understand that I have agreed and instructed the Custodian to follow the investment direction which I provide to Administrator in investing the principal, as confirmed by written direction letters or instructions to Administrator from the undersigned for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. I further understand that for any transaction that I may direct or instruct Administrator to complete, especially precious metals, that may be dependent upon the operation of global markets and entities, there could be fluctuations in price and condition of said investments from the time that I issue a direction letter to Administrator and the time when the transaction can actually be completed and recorded in my Account. I hereby agree to release, indemnify, defend and hold Administrator and Custodian harmless from any claims regarding the fluctuation in prices and/or conditions of any transaction I direct or instruct Administrator to make on my behalf. I further agree to waive any claims that I have, past, present or future, known or unknown, anticipated or unanticipated, with respect to the fluctuation or change in the price or condition of any investment that I direct or instruct Administrator to make from the time I deliver my direction or instruction letter to Administrator until the time the transaction is actually completed and recorded to my Account. I understand that this hold harmless and release shall apply equally to the Administrator and Custodian.

***Transactions with insufficient funds will not be processed until sufficient funds are received. 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 have read and understand the disclosure above.***

SIGNATURE OF PLAN TRUSTEE OR PLAN PARTICIPANT	DATE
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