

ATTENTION

1. Use this form for a full or partial sale of private equity assets. To complete an exchange, use the [Individual 401\(k\) Private Equity Buy Direction Letter](#).
2. Qualified Plan incoming funds via check, wires, or ACH must be payable to :
 - a) The Entrust Group Inc. FBO [Plan Name] 401(k) Plan, acct# [account number]

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 General Asset InformationINVESTMENT NAME *(describe the investment here. Examples: name of the LLC, joint venture, private equity, etc.)***Payor Information** *(payor is the party sending funds to your Entrust account. Section completion required)*

PAYOR NAME	COMPANY <i>(if applicable)</i>		
PAYOR STREET ADDRESS	CITY	STATE	ZIP CODE
PAYOR EMAIL	FAX		
FUNDS ARE BEING SENT BY <i>(select one)</i> : <input type="checkbox"/> Wire <input type="checkbox"/> ACH <input type="checkbox"/> Check If check, select carrier: <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> USPS <input type="checkbox"/> OTHER:			
DOES THE ENTRUST GROUP NEED TO SEND THE PAYOR A LIQUIDATION REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO			

3 Type of Sale *(select one)*☐ **FULL SALE:** Pay off investment, which will authorize asset to be removed from your account.APPROXIMATE CASH TO BE RECEIVED FROM SALE
\$**OR**☐ **PARTIAL SALE:** If you chose this option, only the principal balance of investments will be adjusted. The asset will NOT be removed from your account until the full sale of the asset occurs.APPROXIMATE CASH TO BE RECEIVED FROM SALE
\$NEW ASSET VALUE
\$

NUMBER OF REMAINING SHARES/UNITS

4 Pay Entrust Fees *(select one)*☐ ENTRUST ACCOUNT☐ CREDIT CARD *(please complete section 5)*

All fees are due at the time of transaction. If no indication is made, fees will be deducted from your undirected cash balance. The transaction will not be processed unless sufficient funds are available.

5 Credit Card InformationPAY 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

6 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