



Instructions and Guidelines

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

1. Use this form to initiate a full or partial sale of real estate.
2. Provide a copy of these instructions to the entity responsible for closing the transaction.
3. Refer to the recorded Deed for proper titling of the documents.
4. When selling an asset held by your plan, all related documents **MUST** be vested in the name of the plan.
Example: **The Entrust Group Inc. FBO John Doe MD, LLC 401(k) Plan, Account #12345**
5. Incomplete documentation may result in processing delays and/or special handling charges.
6. The client must ensure that the documents are received by Entrust at least three business days prior to closing to allow for processing time. To expedite a transaction, documents must be received before Noon (PST) for same day review prior to closing and a \$150 special handling fee applies.
7. Prior to completing the sale, Entrust must receive all documents signed by all parties for recordkeeping and IRS audit purposes. If buyer is an entity, entity formation documents are required to be sent along with the sales documents.
8. Please have the check from sale proceeds made out to your plan. Example: **The Entrust Group Inc. FBO John Doe MD, LLC 401(k) Plan, Account #12345**
 - a. Mail to **The Entrust Group, Inc., 555 12th Street, Ste. 900, Oakland, CA 94607.**
 - b. If applicable, please include a final Settlement Statement.
9. If the property has recurring payments set up, such as loan payments, HOA dues, property taxes, etc. being made automatically from the Entrust account, the client must provide written instruction to discontinue the payments. Send the request to cashmanagement@theentrustgroup.com or via fax to 510-587-0960 attention Cash Management.



Required Documentation

Please review all documents below to understand what is required to avoid processing delays:

1. Fully Executed Purchase Contract Agreement
2. Entrust's Sell Direction Letter Form
3. Warranty/Grant Deed
4. Preliminary Title Report
5. Estimated Closing Statement *(if applicable)*
6. Escrow Closing Instructions *(if applicable)*
7. In some circumstances, additional documents may be required 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 *(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 (\$150.00) Documents are reviewed within 1–2 business days if received before noon (PST).
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3 Entity Responsible for Closing the Transaction

Escrow Company/Title Company/Attorney

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

4 Investment Information

PARCEL NUMBER OR LOT/BLOCK NUMBER			
PROPERTY ADDRESS	CITY	STATE	ZIP CODE
IS THERE A CARRY BACK NOTE? <input type="checkbox"/> YES <i>(if yes, please complete an Individual 401(k) Real Estate Note Buy Direction Letter and submit with this form.)</i> <input type="checkbox"/> NO	INDICATE PERCENTAGE OF OWNERSHIP OF THIS PROPERTY %	IS THE PROPERTY DEBT FINANCED? <input type="checkbox"/> YES <i>(if yes, please complete section 5)</i> <input type="checkbox"/> NO	

5 Lender Information *(if multiple lenders, include information for each)*

LENDER NAME	LOAN NUMBER		
LENDER ADDRESS	CITY	STATE	ZIP CODE

LENDER NAME	LOAN NUMBER		
LENDER ADDRESS	CITY	STATE	ZIP CODE

6 Buyer Information *(if multiple buyers, include information for each)*

1. BUYER NAME

2. BUYER NAME

7 Type of Sale *(select one)*☐ **FULL SALE OF REAL ESTATE** *(if you choose this option, this asset will be removed from your account once the payoff of funds are received)*

CONTRACT SALE PRICE

\$

APPROXIMATE CASH TO BE RECEIVED

\$

OR☐ **PARTIAL SALE OF REAL ESTATE** *(if you choose this option, only the value of the asset and percentage of ownership will be adjusted. The asset will NOT be removed from your account until the full sale of the asset occurs.)*

CONTRACT SALE PRICE

\$

APPROXIMATE CASH TO BE RECEIVED

\$

NEW ASSET VALUE

\$

INDICATE NEW PERCENTAGE OF OWNERSHIP

%

PROVIDE DESCRIPTION OF THE REMAINING ASSET

8 Seller Closing Costs *(if applicable)***If funds are due to escrow, please complete the information below:**

AMOUNT TO BE SENT

\$

Payment Method *(select WIRE or CHECK below)***1** ☐ **WIRE** *(please complete wire instructions below or attach wiring instructions; additional fee applies)*

BANK NAME

BANK ABA/ROUTING NUMBER

ACCOUNT NAME

ACCOUNT NUMBER

REFERENCE NUMBER

2 ☐ **CHECK** ☐ **ISSUE A CASHIER'S CHECK** *(additional fee applies, and overnight mail is required)*

PAYEE NAME

TELEPHONE NUMBER *(for overnight deliveries)*

PAYEE ADDRESS

ZIP CODE

Check/Cashier's Check Delivery Instructions

<input type="checkbox"/> REGULAR MAIL		<input type="checkbox"/> OVERNIGHT MAIL <i>(additional fee applies)</i>	
<input type="checkbox"/> BILL TO THIRD PARTY		<input type="checkbox"/> FedEx or <input type="checkbox"/> UPS	Account #:
<input type="checkbox"/> MAIL CHECK TO <i>(other than payee address above)</i>			
NAME		TELEPHONE NUMBER <i>(for overnight deliveries)</i>	
ADDRESS	CITY	STATE	ZIP CODE

9 Special Instructions *(if applicable)*

10 Payment of 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 <i>(complete section 11)</i>
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11 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. Future changes to the option made above must be submitted in writing.			
SIGNATURE OF CARDHOLDER		DATE	

Form Continues of Page 4

12 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 Sell Direction Letter 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 Sell Direction Letter, 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
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