

1 Account Information

NAME (as it appears on your account application)	ENTRUST ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS (required)	DAYTIME PHONE NUMBER	

2 Asset Information

ASSET NAME (example: real estate address, LLC name, etc.)	PERCENTAGE OF OWNERSHIP %
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3 Payment Information (you must submit supporting invoice)

DESCRIPTION OF PAYMENT (example: mortgage payment, insurance payment, HOA fees, etc.)		
PAYEE NAME	ACCOUNT NUMBER	
PAYEE ADDRESS	CITY, STATE, ZIP CODE	AMOUNT (relevant to percentage of ownership) \$
IDENTIFYING INFORMATION TO BE REFERENCED ON PAYMENT (Example: Invoice #, Vendor's Account #, Property Address, etc.)		

SET UP RECURRING PAYMENTS (recurring payments will be paid upon receipt of invoice)

NOTE: Recurring payments for expenses associated with your investment(s) are only allowed for fixed amounts. Variable expenses, which are expenses that may change over time (e.g. property tax or utility bills), are not eligible for recurring payments.

Recurring payments will remain in effect until provided with a written request to change or cancel, or in case of transaction failure due to insufficient funds.

<input type="checkbox"/> THIS IS A ONE-TIME PAYMENT	<input type="checkbox"/> SET UP A RECURRING PAYMENT	<input type="checkbox"/> REPLACE AN EXISTING RECURRING PAYMENT <i>Name of previous vendor required:</i>	<input type="checkbox"/> CANCEL AN EXISTING RECURRING PAYMENT <i>Name of vendor required:</i>
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FREQUENCY OF RECURRING PAYMENT (select one)

QUARTERLY:

RECURRING PAYMENT DUE DATE (ex—1st, 13th):	PAY IN (select one): <input type="checkbox"/> JAN, APR, JUL, OCT <input type="checkbox"/> FEB, MAY, AUG, NOV <input type="checkbox"/> MAR, JUN, SEPT, DEC	START DATE:	END DATE:
NOTE:			

MONTHLY:

RECURRING PAYMENT DUE DATE (ex—1st, 13th):	START DATE:	END DATE:
NOTE:		

4 Outgoing Payment Instructions (required)

PLEASE SELECT YOUR FUNDING METHOD: WIRE ACH CHECK CASHIER'S CHECK

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	ACCOUNT NUMBER	FOR FURTHER CREDIT TO

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 (\$40 fee applies; cannot overnight to a PO Box) <ul style="list-style-type: none"> <input type="checkbox"/> Charge my Entrust Account <input type="checkbox"/> Use third-party billing <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Account #: _____
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ADDITIONAL INFORMATION

5 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 6)
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6 Credit Card Information

PAY WITH CARD ON FILE	<input type="checkbox"/>	LAST 4 DIGITS OF CARD	_____
NEW CARD (select one):	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMERICAN EXPRESS
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		DATE	

7 Account Owner Signature



NOTE: This form will NOT be processed unless you review, sign, and date the signature box below.

I understand that my account is self-directed and that the Administrator serving from time to time (as named in the Custodial Account Agreement or that entity's successor as Administrator and Custodian named in the disclosure statement received when the account was established) will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that Administrator and Custodian do not endorse, approve or recommend any companies, products, services or investments. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that the Administrator and Custodian do not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws, including but not limited to whether my investment is a security requiring registration under the Blue Sky Laws or applicable Securities Laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that if the services of Administrator and/or Custodian were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, subsidiaries, Administrator and/or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties or agreements made by any such person or entity.

I understand that no one at Administrator and/or Custodian any of its licensees or licensors or franchisees have authority to agree to anything different than my foregoing understandings of Administrator policy. I understand that neither Administrator nor Custodian is a fiduciary for my account as such term is defined in the Internal Revenue Code, ERISA, Securities Laws or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold administrator or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code, Securities Laws, or any other applicable federal, state or local laws. I also understand and agree that Administrator will not be responsible to take any action should there be any default with regard to this investment.

I am directing you to complete this transaction as specified above. I confirm that the decision to pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator of my account.

I assume all responsibility in ensuring that Administrator and/or Custodian is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers). This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator.

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.

SIGNATURE	DATE
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Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	cashmanagement@theentrustgroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607