The Entrust Group

555 12th Street, Suite 900
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960
transfers@theentrustgroup.com

Rollover/Direct Rollover Certification

1 Account Information

NAME *(as it appears in your plan)*		ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	PHONE	LEGAL ADDRESS
CITY, STATE, ZIP		

2 Previous Custodian's Information

☐ **Check here if rollover is from the Entrust account above**

NAME OF CUSTODIAN/TRUSTEE		PREVIOUS CUSTODIAN'S ACCOUNT NUMBER
CONTACT NAME	PHONE	OFFICE ADDRESS
CITY, STATE, ZIP		

3 Indicate Type of Plan You are Rolling Over From *(select one)*

☐ TRADITIONAL ☐ ROTH ☐ SEP ☐ SIMPLE ☐ ESA ☐ HSA ☐ OTHER (PS, MP, DB, 401(k), 403(b), 457) _____

4 Verify that You are Eligible to Perform this Transaction *(select one)*

I am an eligible person to perform this transaction:				
☐ PLAN PARTICIPANT	☐ SPOUSE BENEFICIARY OF ACCOUNT	☐ NON-SPOUSE BENEFICIARY OF ACCOUNT	☐ EX-SPOUSE OF ACCOUNT DUE TO DIVORCE/LEGAL SEPARATION	☐ RESPONSIBLE INDIVIDUAL

5 Type of Asset(s) to be Rolled Over

To roll over **CASH**, please follow the instructions below and allow for 5 business days for checks to clear. Contact our office for wire instructions.	
Amount: $	Please make check payable to: **The Entrust Group FBO (your name)**

To roll over **INVESTMENTS**, please provide the Asset Name and Type of Asset (private stock, LLC, secured note, unsecured note, real estate, precious metals, etc.) that you're sending to Entrust.

Asset Name and Type of Asset	**$ Value of Investment**
	$
	$
	$
	$
☐ CURRENT STATEMENT IS ATTACHED	

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6 Acknowledgement

Please note: Your current plan may require additional documentation. Please read the following statement carefully.

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of The Entrust Group Account Application. I understand the rules and conditions applicable to a *(check one)* ☐ Rollover ☐ Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-directed account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator and/or Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Entrust has authority to agree to anything different than my foregoing understandings of Entrust policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets as a rollover contribution. By signing this form, I certify that I am completing this rollover within:

A. 60 calendar days following the day I received the assets, I have not performed a rollover from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution.

B. If am a non-spouse beneficiary, this a direct roll over from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

I have read and understand the disclosure above.

SIGNATURE:	**DATE:**

Submission Options

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