

Solo 401(k) Participant Distribution Request

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

1 Participant Information

PARTICIPANT NAME	EMPLOYER PLAN NAME	PLAN EIN	DAYTIME PHONE NUMBER
ADDRESS	CITY	STATE	ZIP
PRE-TAX OR ROTH? ☐ Pre-Tax Only ☐ Roth Only ☐ Both	PRE-TAX 401(k) ACCOUNT NUMBER <i>(leave blank if N/A)</i>	ROTH 401(k) ACCOUNT NUMBER <i>(leave blank if N/A)</i>	

2 Marital Status of Participant *(select one)*

☐ SINGLE	☐ MARRIED <i>(please see Consent of Spouse in section 3)</i>	☐ WIDOWED OR DIVORCED
---------------------------------	---	--

3 Consent of Spouse

Distributions of \$5,000 or More Requires Spousal Signature

I, the undersigned spouse of the participant, have read the Participant's request for distribution, and hereby consent to distribution of my spouse's benefits under the plan in the form requested. I have signed this consent freely and voluntarily.

Signature of Spouse: _____ Date: _____

BEFORE ME, the undersigned Notary Public, personally appeared _____ and executed the above Consent of Spouse.

IN WITNESS WHEREOF, I have signed my name and affixed my official seal of office on:

Signature of Notary: _____

Notary Public—State of: _____

My commission expires: _____

4 Type of Distribution *(select one)*

☐ FULL DISTRIBUTION All asset(s) in the Entrust account will be distributed to the plan Participant personally. Fair Market Valuation form must be provided to distribute assets in-kind.	☐ PARTIAL DISTRIBUTION <i>(only distribute cash/assets as described below)</i> ☐ CASH ONLY: AMOUNT \$ _____ ☐ IN-KIND* <i>(Fair Market Valuation form must be provided to distribute assets in-kind. For Precious Metals, complete section 6 and/or 7.)</i>
--	---

5 Distribution Instructions for Non-Precious Metals Assets

Asset Description	Pre-Tax Distribution Amount	Roth Distribution Amount	Total Distribution Amount <i>(must equal pre-tax + Roth)</i>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Solo 401(k) Participant Distribution Request

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

5 Distribution Instructions for Non-Precious Metals Assets *(continued)*

PAYEE NAME	TELEPHONE NUMBER <i>(for overnight deliveries)</i>
PAYEE ADDRESS	CITY, STATE, ZIP CODE
☐ SEND IN-KIND ASSETS TO <i>(if different than payee)</i>	
NAME	TELEPHONE NUMBER <i>(for overnight deliveries)</i>
ADDRESS	CITY, STATE, ZIP CODE
REASON FOR SHIPPING TO NON-PAYEE <i>(required)</i>	
ADDITIONAL INFORMATION	

6 Distribution Instructions for Precious Metals in Pre-Tax 401(k) Account

If more than four rows are needed, please write "Refer to Invoice" in the Special Instructions field. In the Total field, enter the value of the entire transaction as listed on the invoice.

I hereby direct The Entrust Group to DISTRIBUTE the following asset(s) for my Pre-Tax 401(k) account:

Quantity <i>(number of units)</i>	Metal Type	Asset Name or Description <i>(U.S. Silver Eagle, 1oz., Proof)</i>	Proof American Eagle?	Troy OZ. Each

Special Instructions:

Shipping Instructions

Name of Recipient or Recipient Account Name			
Recipient Depository Account Number			
Recipient Address	Street Address		
	City	State	Zip Code

Solo 401(k) Participant Distribution Request

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

7 Distribution Instructions for Precious Metals in Roth 401(k) Account

If more than four rows are needed, please write "Refer to Invoice" in the Special Instructions field. In the Total field, enter the value of the entire transaction as listed on the invoice.

I hereby direct The Entrust Group to SELL the following asset(s) for my Roth 401(k) account:

Quantity (number of units)	Metal Type	Asset Name or Description (U.S. Silver Eagle, 1oz., Proof)	Proof American Eagle?	Troy OZ. Each

Special Instructions:

Shipping Instructions

Name of Recipient or Recipient Account Name			
Recipient Depository Account Number			
Recipient Address	Street Address		
	City	State	Zip Code

8 Method of Payment

PLEASE SELECT YOUR FUNDING METHOD (select one): ☐ WIRE ☐ CHECK ☐ CASHIER'S CHECK ☐ ACH

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	PAYEE ADDRESS		
ACCOUNT NUMBER	CITY	STATE	ZIP CODE
ADDITIONAL INFORMATION			

For CHECK and CASHIER'S CHECK (please complete the information below)

PAYEE NAME	PAYEE PHONE NUMBER		
PAYEE ADDRESS	CITY	STATE	ZIP CODE
☐ MAIL CHECK TO (if different from Payee Address)			
NAME	PHONE NUMBER (for overnight delivery)		
ADDRESS	CITY	STATE	ZIP CODE

Solo 401(k) Participant Distribution Request

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

8 Method of Payment *(continued)*

SEND CHECK VIA:

☐ Regular Mail

☐ Overnight Delivery (*\$40 fee applies; cannot overnight to a PO Box*)

☐ Charge my Entrust Account

☐ Use third-party billing

☐ FedEx ☐ UPS Account #: _____

ADDITIONAL INFORMATION

9 Participant Signature

I certify that I am the proper party to receive payment(s) from this qualified plan account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Entrust and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Entrust shall in no way be responsible for those consequences.

PLEASE SIGN AND SEND THIS FORM TO ENTRUST.

Signature of Participant: _____ Date: _____

10 Approval by Plan Administrator *(may be same as Participant above)*

The above request is hereby approved, and the Trustee is authorized to distribute the Participant's benefits in accordance with such request.

Authorized Signature: _____ Date: _____