

1 Account Information

PARTICIPANT NAME	PLAN NAME <i>(as it appears on your plan document)</i>
EMAIL ADDRESS <i>(required)</i>	DAYTIME PHONE NUMBER

2 Asset Information

ASSET NAME <i>(example: real estate address, LLC name , etc.)</i>	
☐ PRE-TAX 401(k) PERCENTAGE OF OWNERSHIP %	ACCOUNT NUMBER
☐ ROTH 401(k) PERCENTAGE OF OWNERSHIP %	ACCOUNT NUMBER

3 Payment Information *(you must submit supporting invoice)*

DESCRIPTION OF PAYMENT <i>(example: mortgage payment, insurance payment, HOA fees, etc.)</i>	
PAYEE NAME	AMOUNT <i>(relevant to percentage of ownership)</i> \$
PAYEE ADDRESS	CITY, STATE, ZIP CODE
IDENTIFYING INFORMATION TO BE REFERENCED ON PAYMENT <i>(example: invoice #, vendor's account #, property address, etc.)</i>	

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.

☐ THIS IS A ONE-TIME PAYMENT	☐ SET UP A RECURRING PAYMENT	☐ REPLACE AN EXISTING RECURRING PAYMENT <i>Name of previous vendor required:</i>	☐ 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 <i>(ex—1st, 13th):</i>	PAY IN <i>(select one):</i>	START DATE:	END DATE:
	☐ JAN, APR, JUL, OCT	NOTE:	
	☐ FEB, MAY, AUG, NOV		
	☐ MAR, JUN, SEPT, DEC		
☐ MONTHLY:			
RECURRING PAYMENT DUE DATE <i>(ex—1st, 13th):</i>	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 <i>(for overnight delivery)</i>	
STREET ADDRESS		CITY	STATE ZIP CODE

SEND CHECK VIA:

☐ Regular Mail	☐ Overnight Delivery <i>(\$40 fee applies; cannot overnight to a PO Box)</i> ☐ Charge my Entrust Account ☐ Use third-party billing ☐ FedEx ☐ 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.

☐ ENTRUST ACCOUNT	☐ CREDIT CARD <i>(complete section 6)</i>
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6 Credit Card Information

PAY WITH CARD ON FILE	☐	LAST 4 DIGITS OF CARD _ _ _ _		
NEW CARD <i>(select one):</i>	☐ VISA	☐ MASTER CARD	☐ 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.				
CARDHOLDER SIGNATURE				DATE

7 Plan Participant Signature



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

For full disclosure language, please refer to section 6 of your Solo 401(k) Plan application: Investment Direction and Important Disclosures. I understand that Entrust will not provide any investment advice. Tax reporting for this plan is the responsibility of the Trustee/Administrator.

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 Custodian of my account.

I assume all responsibility in ensuring that 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 Custodian.

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 OF PLAN PARTICIPANT	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