

Self-Directed New Account Kit

Traditional, Roth, SEP, SIMPLE, HSA

Instructions

STEP 1

Complete Application

- ☐ Complete your application, sign, date, and review it for accuracy.

STEP 2

Sign and Return Fee Disclosure

- ☐ Estimate your annual recordkeeping fees using our fee calculator.
- ☐ Explore any additional fees that might be relevant to your account. Need clarification? Don't hesitate to reach out to your Entrust contact.
- ☐ Sign and return the Fee Disclosure with your application.

STEP 3

Fund Account

- ☐ Rollover/Direct Rollover Certification Form: Complete this form if you take a distribution from your previous IRA custodian. To avoid taxes or penalties, make sure the rollover is done within 60 days from the time you take the distribution.
- ☐ Transfer Form: Complete this form to transfer funds from an IRA you have with another custodian. If you would like to transfer funds from more than one IRA, fill out a separate form for each account. Each transfer form must be accompanied with a copy of your current custodian's IRA statement.
- ☐ Deposit Coupon: Complete this form to fund your account with a contribution.

STEP 4

Provide Copy of ID

- ☐ Make sure the copy of your non-expired ID is clear and legible. If your signature is on the back of the ID, include a copy of the front and back.
- ☐ Compare the signature on your valid ID to the signature on your application to ensure that it matches.
- ☐ Compare the address on your ID to the Legal Address on Page 1 of your application. If the address on your ID is different from your Legal Address, or if you have submitted an ID that doesn't give an address like a passport, then provide a utility bill, lease agreement, bank statement, or similar document which gives your first and last name and your Legal Address to avoid delays in processing your application.

STEP 5

Pay Set Up Fee

- ☐ Make a \$50 check payable to Entrust or
- ☐ Fill out the credit card authorization section of the Fee Disclosure

Optional

Documents

Download the optional documents from www.theentrustgroup.com/forms or contact us at 800-392-9653

- ☐ Interested Party Designation Form: Complete this form to allow a designated individual to obtain your account information.
- ☐ Limited Power of Attorney: Complete this form to allow a designated individual to conduct transactions within your account, with the exception of closing the account or directing distributions and transfers.
- ☐ Delivery Instructions: This document contains our bank information and instructions for making checks payable to The Entrust Group. Use this information to send us funds for contributions to your IRA or provide it to your current retirement account custodians to assist them in making rollovers to your new Entrust Group IRA.

Processing Time

Account set-up usually takes 2 days, unless corrections are necessary.

Transfer requests can take 2-4 weeks depending on your previous custodian. To expedite the process, contact your previous custodian.

For additional assistance, contact your local Entrust office, found at www.theentrustgroup.com/locations.

Submission Options

SUBMIT BY FAX

510-587-0960

SUBMIT BY EMAIL

forms@theentrustgroup.com

SUBMIT BY MAIL

The Entrust Group
555 12th Street, Suite 900
Oakland, CA 94607



1 Account Owner Information

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.		LEGAL NAME (Last, First, Middle)				INTERNAL USE ONLY			
SOCIAL SECURITY NUMBER									
DATE OF BIRTH		OCCUPATION/INDUSTRY (if self-employed state occupation)				TITLE			
LEGAL ADDRESS (cannot be a P.O. box)						PHONE			
CITY		COUNTY		STATE		ZIP		CELL	
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE						FAX			
CITY		COUNTY		STATE		ZIP		EMAIL (required)	

Please check the appropriate box to indicate your marital status

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED (Please see Spousal Consent in section 7)	<input type="checkbox"/> WIDOWED OR DIVORCED
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Please check the appropriate box to indicate your citizenship status

<input type="checkbox"/> U.S. CITIZEN	<input type="checkbox"/> NON-U.S. CITIZEN WITH SOCIAL SECURITY NUMBER	<input type="checkbox"/> RESIDENT ALIEN	<input type="checkbox"/> NON-RESIDENT ALIEN
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Are you considered to be a politically exposed person (PEP)? ☐ YES ☐ NO

A politically exposed person (PEP) is an individual who holds or has held a significant public position within their own country. This could include high-ranking government officials, politicians or individuals with influence over public policies on a national level.

What type(s) of investment(s) are you considering? (Please check all that apply)

<input type="checkbox"/> REAL ESTATE	<input type="checkbox"/> PRIVATE LENDING (i.e. secured or unsecured notes)	<input type="checkbox"/> PRIVATE EQUITY (i.e. venture capital, PPM, REITs, etc.)
<input type="checkbox"/> PRECIOUS METALS	<input type="checkbox"/> CRYPTOCURRENCY	<input type="checkbox"/> SINGLE-MEMBER LLC
<input type="checkbox"/> INTERNATIONAL	<input type="checkbox"/> DISC (Domestic International Sales Corporation)	

2 Referral Source

Name of Entrust representative or Entrust office

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How did you hear about us?

<input type="checkbox"/> INTERNET SEARCH (e.g. Google or Bing)
<input type="checkbox"/> SOCIAL MEDIA (please select platform) <input type="checkbox"/> LinkedIn <input type="checkbox"/> Facebook/Instagram <input type="checkbox"/> X (formerly Twitter) <input type="checkbox"/> YouTube <input type="checkbox"/> Other Social:
<input type="checkbox"/> ONLINE ARTICLE, BLOG, OR REVIEW SITE (please specify if you remember)

'How did you hear about us?' section continues on page 2

2 Referral Source

How did you hear about us? (continued from page 1)

☐ ONLINE ADVERTISEMENT (please specify where you saw the ad if you remember)

☐ RECOMMENDATION FROM A COLLEAGUE OR PROFESSIONAL CONTACT (enter name)

☐ ENTRUST CLIENT REFERRAL (enter name)

☐ ENTRUST EMPLOYEE (enter name)

☐ BUSINESS ASSOCIATE REFERRAL (enter name)

☐ CODE:

☐ EVENT (please select event type) ☐ Entrust Webinar ☐ Entrust In-Person Event ☐ Conference or Trade Show ☐ Other Event:

☐ ENTRUST EMAIL OR NEWSLETTER

☐ OTHER

3 New Account Information

Choose the type of account you wish to open

☐ TRADITIONAL IRA

☐ ROTH IRA

☐ BENEFICIARY IRA (Account title: your name, Bene FBO Deceased Name)

☐ SEP IRA (Please attach page 1 of the Entrust SEP IRA Agreement and Disclosure)

☐ SIMPLE IRA (Please attach the last page of the Entrust SIMPLE IRA Agreement and Disclosure)

EMPLOYER NAME:

☐ HEALTH SAVINGS ACCOUNT (Please attach the last page of the Entrust Health Savings Account Agreement and Disclosure)

Choose Coverage:

☐ Self-Only Coverage

4 Account Notifications and Options

Would you like to have online access to your statements?

☐ Yes (Account statements will be mailed annually)

☐ No

Would you like to receive email notifications of changes to your account?

☐ Yes

☐ No

5 Funding Information

How will you be funding your account?

☐ ANNUAL CONTRIBUTION

\$ _____

Year:

☐ TRANSFER

Transfer from an existing IRA or Employer Sponsored Plan.

\$ _____

☐ ROLLOVER

Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan. \$ _____

☐ DIRECT ROLLOVER

Rollover from Employer Sponsored Plan.

\$ _____

The amount above represents what percentage of your retirement portfolio?

☐ 100%

☐ 75%

☐ 50%

☐ 25% or less

6 Beneficiary Information *(to add more beneficiaries, please use our Beneficiary Designation Form)*

I hereby designate the below individual(s) and/or entities as my beneficiary(ies) of my plan. In the event of my death, pay the full value of my account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the Primary Beneficiary(ies) as designated below. I understand that if a Primary Beneficiary predeceases me, the remaining portion will be divided proportionately to any surviving Beneficiaries in a manner provided in the applicable Entrust Individual Retirement Custodial Account Agreement. If no Primary Beneficiary survives me, pay the full value of my account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the Contingent Beneficiary(ies) as designated below. I understand that if the Contingent Beneficiary predeceases me, the remaining portion will be divided proportionately to any surviving Contingent Beneficiary in a manner provided in the applicable Entrust Individual Retirement Custodial Account Agreement. If no beneficiary survives me, or if I do not designate a beneficiary, pay the full value of my account to my estate. I understand that I may revoke this designation at any time by completing a new Beneficiary Designation Form during my lifetime with Entrust. It will become effective when Entrust receives it.

I understand that if Entrust determines that my beneficiary designation is not clear with the respect to the amount of distribution, the date on which the distribution is made, or the identity of the party or parties who will receive the distribution, Entrust will have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distributing or transferring the account.

Primary Beneficiary(ies) share percentage must add up to exactly 100%. Contingent Beneficiary(ies) share percentage must add up to exactly 100%. The portion percentage(es) must add up to exactly 100% per beneficiary type. The portion may be extended to six decimal places in the hundredths position. If left blank, the portions will be equally distributed among the beneficiaries. Distributions cannot be expressed in dollar amounts.

6A: Individual Beneficiaries

Use this section if you're naming any people as beneficiaries. An asterisk (*) indicates that the field is required.

For each beneficiary, you must also provide **at least one** of:

- Address
- Phone Number
- Email Address

1. ☐ PRIMARY or ☐ CONTINGENT*

NAME <i>(first, middle, last)</i> *	RELATIONSHIP*	SHARE* %	PHONE NUMBER
ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS	

2. ☐ PRIMARY or ☐ CONTINGENT*

NAME <i>(first, middle, last)</i> *	RELATIONSHIP*	SHARE* %	PHONE NUMBER
ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS	

3. ☐ PRIMARY or ☐ CONTINGENT*

NAME <i>(first, middle, last)</i> *	RELATIONSHIP*	SHARE* %	PHONE NUMBER
ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS	

'Beneficiary Information' section continues on page 4

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Beneficiary Information *(to add more beneficiaries, please use our Beneficiary Designation Form)*

6B: Entity Beneficiaries

Use this section if you're naming any entities (e.g. charities, corporations, trusts, or foundations) as beneficiaries. An asterisk (*) indicates that the field is required.

Are you designating a trust as the beneficiary? *(select one)** ☐ YES or ☐ NO

- If a trust is named as a Beneficiary, you must provide a copy or abstract of the Trust or a Certification of Trust.

1. ☐ PRIMARY or ☐ CONTINGENT*

NAME OF ENTITY*		RELATIONSHIP*	SHARE* %	TAX ID <i>(required for all entities except estates)</i> *
NAME OF PRIMARY CONTACT*	PHONE NUMBER	EMAIL ADDRESS		
ADDRESS		CITY, STATE, ZIP		

2. ☐ PRIMARY or ☐ CONTINGENT*

NAME OF ENTITY*		RELATIONSHIP*	SHARE* %	TAX ID <i>(required for all entities except estates)</i> *
NAME OF PRIMARY CONTACT*	PHONE NUMBER	EMAIL ADDRESS		
ADDRESS		CITY, STATE, ZIP		

7

Spousal Consent and Signature

IMPORTANT: This form must be notarized to confirm that the spouse has waived part or all of their benefits. If the form is not notarized, the spouse must provide a copy of a valid, unexpired government-issued photo ID (such as a driver's license or passport) that clearly shows both their photo and signature.

Spousal Consent is required only if all of the following conditions are met:

- A. The spouse is not the sole primary beneficiary named and;
- B. The account owner and the spouse are residents of a community property state (such as AZ, CA, ID, LA, NV, NM, TX, WA, or WI)

I, the spouse of the account owner listed above, hereby certify that I have reviewed the designation of beneficiary(ies) information for the Entrust Account listed above and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the designation of beneficiary(ies) other than, or in addition to, myself as primary beneficiary for this account. I further acknowledge that I am waiving part or all of my rights to receive benefits under this account when my spouse dies.

Spouse Signature:

DATE:

NOTARY CERTIFICATION REQUIRED

STATE OF _____

COUNTY OF _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared

_____; ☐ to me personally known or ☐ who produced the foregoing _____ as identification, to me known to be the person described in and who executed instrument and acknowledged before me that he executed the same.

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____

NOTARY PUBLIC _____

8 Appointment of Custodian, Investment Direction and Important Disclosures**Your signature is required. Please read before signing.**

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

Appointment. I appoint The Entrust Trust Company, as the Custodian of my Account ("Custodian"), and understand that the Custodial Account Agreement and my Application comprise my agreement with the Administrator" (*defined in section 9). The Administrator may change custodians to any institution permitted by law or by the undersigned. Written direction shall be construed so as to include facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

Adequate Information. I acknowledge that I have received a copy of the Plan Agreement, Disclosure Statement and appropriate Financial/Fee Disclosures. I understand that the terms and conditions, which apply to this Account, and are contained in these documents. I agree to be bound by those terms and conditions. If this is an IRA, I understand that within seven (7) days from the date that I submit this paperwork to the Administrator, I may revoke it without penalty by mailing or delivering a written notice to the Administrator.

Responsibility for Tax Consequences. I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my Account. I am authorized and of legal age to establish this Account and make investment purchases permitted under the Plan Agreement offered by the Custodian. I assume complete responsibility for: 1) Determining that I am eligible for an Account transaction that I direct the custodian to make on my behalf; 2) Insuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including rollover contributions and distributions).

I certify under penalties of perjury:

1) that I have provided you with my correct Social Security or Tax I.D. Number; and 2) that I am not subject to backup withholding because: a) I am exempt from backup withholding; or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so, or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until such time as I change or revoke the designation, I hereby instruct the Custodian to follow the investment directions which I provide to Administrator in investing and reinvesting the principal and interest, as confirmed by direction letters to Administrator from the undersigned, for the above-referenced Account or other Custodial account for which Administrator serves as record keeper. You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party, Administrator, or by the undersigned. Written direction shall be construed so as to include facsimile signature.

The account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization Custodian and Administrator may act solely on the written instruction, designation or representation of the Account holder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my account and/or in connection with any action taken in reliance upon my written instructions, designations and representations, or in the exercise of any right, power or duty of Custodian and/or Administrator, its agents or assigns. Custodian and/or Administrator may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision. Custodian and/or Administrator have no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income.

I understand that it is my responsibility to review any investments to ensure the investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws. This includes but is not limited to investments that engage in Marijuana-related business (MRB) activities. The Entrust Group does not allow investments in MRB activities to be held in any of the retirement plans they offer. I acknowledge that any MRB assets found in my Account will be subject to immediate distribution and any related taxes, penalties and fees.

In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian is named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be any default with regard to this investment. I understand that no one at the Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of the Administrator's and/or Custodian's policy. For purposes of this disclosure, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, affiliates and/or business associates.

In executing transfers, it is understood and agreed that I will not hold Custodian and/or Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor Custodian and Administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian or Administrator.

If any provision of this Application 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

Important Information for Opening a New Account. To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government- issued identification (e.g., driver license or passport). The copy must be readable so we can verify the client's name, driver's license number, etc.

Our Privacy Policy. You have chosen to do business with the Custodian and Administrator named on this application. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

8 Appointment of Custodian, Investment Direction and Important Disclosures

Information We May Collect. We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share. We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian and administrator have agreed to the custodian and administrator's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security. We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Administrator reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address and or telephone number listed on this application.

9 Account Owner Signature and Acknowledgement

I acknowledge receipt of a Fee Disclosure and receipt of the Account Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. I understand that failure to submit a signed Fee Disclosure will result in fees "based on value of assets" (See "Fee Disclosures.").

The Custodian has delegated certain Custodial Account recordkeeping and administrative functions to The Entrust Group, Inc., a Tennessee Corporation, as the Administrator of your self-directed retirement account.

I understand that I may change or add beneficiaries at any time by completing and delivering the Beneficiary Form to the 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. I acknowledge I have read the fee disclosure, the account agreement and account disclosure statement and agree to abide by their terms as currently in effect or as they may be amended from time to time. If you would like to give permission to another individual to access your account information (such as your spouse or other individual), you will need to complete the Limited Power of Attorney form or Interested Party Designation form. PLEASE PRINT, SIGN AND SUBMIT THIS FORM TO YOUR ENTRUST OFFICE.

SIGNATURE:

DATE:



Submission Options

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

1 Account Owner Information

NAME <i>(as it appears on your account application)</i>	ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		DAYTIME PHONE NUMBER

2 Account Establishment Fee

One-time account establishment fee, per account	\$50
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3 Annual Recordkeeping Fee *(billed quarterly)*

	Total Asset Value under \$50,000 (excluding cash)	Total Asset Value of \$50,000 or more* (excluding cash)
A single asset	\$219 annually	\$219 annually + 0.17% of the total asset value over \$50,000* (excl. cash)
Two or more assets	\$329 annually	\$329 annually + 0.17% of the total asset value over \$50,000* (excl. cash)

*The uninvested cash in your account is not charged a 0.17% fee, regardless of the amount of cash held in there. The 0.17% fee is assessed solely on the total asset value above \$50,000. For example, an account with two assets of a total value of \$150,000 and \$12,000 cash would pay a fee of \$329 + 0.17% of \$100,000 (\$170), or a total of \$499 annually.

There is a cap on recordkeeping fees of \$2,299 per year.

4 Purchase and Sale of Asset Fees *(one-time fees)*

Purchase, sale, or exchange of real estate <i>(includes earnest money deposit if applicable)</i>	\$175
Purchase, sale, or exchange of real estate note <i>(includes note payoff if applicable)</i>	\$175
Purchase, sale, or exchange of real estate with non-recourse loan <i>(includes earnest money deposit if applicable)</i>	\$250
Purchase, sale, or exchange of precious metals <i>(precious metals depository fees, such as storage and shipping, may apply and will be charged to your account)</i>	\$0
Purchase, sale, or exchange of crowdfunding <i>(only if investing with the following companies: WeFunder, SharesPost, Realty Mogul, Funders Club, EquityZen, and CrowdStreet)</i>	\$0
Purchase, sale, exchange, or additional funding of all other alternative assets	\$105

FORM CONTINUES ON PAGE 2

5 Transaction Fees

ACH transfers, incoming and outgoing	\$0
Checks <i>(includes all check requests)</i>	\$10
Wire transfers, incoming and outgoing	\$30
Standard overnight delivery via FedEx, UPS, or USPS <i>(additional charges may apply)</i>	\$40
Cashier's check or other official bank check	\$30
Dispute of fees on credit/debit card	\$15
Returned items of any kind and stop payments, per item	\$30
Re-registration of assets plus expenses of transfer agents <i>(if applicable)</i>	\$100
Research of closed assets or accounts, legal inquiries, unclaimed property investigations, and other special transaction handling	\$150/hour 1 hour min.
Rush fees for expedited transaction processing or services within the same or next day	\$150
Account termination processing fee	\$250

6 Pay Entrust Fees

Account Establishment Fee <i>(non-refundable)</i> - Pay by:	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK - MADE PAYABLE TO ENTRUST
Annual Recordkeeping Fee <i>(payable quarterly)</i> - Pay by:	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> **DEBIT ENTRUST ACCOUNT
Purchase & Sale of Asset Fees - Pay by:	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> **DEBIT ENTRUST ACCOUNT
Transaction Fees - Pay by:	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> **DEBIT ENTRUST ACCOUNT
Termination Fee - Pay by:	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> **DEBIT ENTRUST ACCOUNT

**** If no preference indicated, fees will be debited from your Entrust account.**

7 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"/> MASTER CARD
		<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.			
SIGNATURE			DATE

8 Disclosure

Annual Recordkeeping Fees: Annual recordkeeping fees are charged for all or any portion of each year during which the account is in existence. If you terminate your account during a year, you will still owe the annual fee for that entire year. These fees are charged on the basis of the year beginning on the date when your account is established, and each anniversary of that date. Annual recordkeeping fees are not pro-rated when an account is closed. Annual Recordkeeping fees apply to beneficiary accounts established upon the death of the original IRA holder.

Accounts Holding Precious Metal: Depository and/or shipping fees associated with accounts holding precious metals will be charged to your account at their actual costs and without markup by Entrust Administration, Inc. ("Entrust" and/or "The Entrust Group").***

Custodial Fee: We receive a fee equal to the income generated by deposit accounts into which your undirected cash, if any, is placed. The custodian of your account is entitled to this fee under Section 8.06 of your IRA Custodial Account Agreement if you have a Traditional or SEP IRA (Section 9.06 if you have a Roth IRA; Section 8.10 if you have a SIMPLE; Section 10.06 if you have a ESA; Section 11.06 if you have a HSA), and has assigned this fee to us for services relating to the investment of undirected cash.

Termination Fee: If you terminate your account, you agree to pay a termination fee of \$250, plus any applicable transaction fees for each asset that is sold. A transfer of assets from your account to a third party is considered a termination for the purposes of the imposition of this fee. A lump sum distribution of all account assets, including cash, is considered a termination for the purposes of the imposition of this fee. Account conversions, such as Traditional to Roth, as well as single account closures where one or more additional accounts remain open with Entrust, will not be charged a termination fee. Beneficiary accounts established upon the death of the original IRA holder will not be charged a termination fee as a result of the closure of the deceased's account, but will be charged a termination fee upon the closure of their beneficiary account. Required Minimum Distributions and distributions due to disability or death are not considered terminations and are not subject to the termination fee.

Collection of Fees and Charges: All fees and charges, as described above, are charged in advance or in connection with the applicable services and events and are at no time refundable. We generally bill and collect recordkeeping fees quarterly, based on your account establishment date. These fees are normally withdrawn from your undirected cash funds balance approximately 20 days after the invoice date, unless they have been actually paid directly by you.

Late Payment Fee: Fees for late payments may be applied at the rate of the lesser of 1.5% per month (18% annum) or the maximum allowable under applicable law. If there is insufficient undirected cash in your account, we may, solely at our discretion, liquidate other assets to pay for such fees and charges, after giving you 30 days' notice of our intention to do so.

Entrust shall have no liability for any adverse tax or other financial consequences as a result of applying account cash and liquidating other account assets to cover fees and charges. Entrust reserves the right to sell any past due receivables to a collection and credit reporting agency.

In accordance with your Account Application, this Fee Schedule is part of your Account Agreement and must accompany your Application.

*** I agree that Entrust is not and cannot be held responsible for the actions or inactions of these depositories and I hereby release and hold harmless The Entrust Group from any damages that I may incur with respect to my choice of depository.

PRINT NAME**SIGNATURE****DATE**



Instructions and Guidelines

Use this form to transfer an existing account to The Entrust Group.

When completing your Account Transfer Form, please follow these guidelines:

- Be sure to fill out ALL sections of the Account Transfer Form.
- Contact your current Trustee/Custodian to inquire if a Medallion Signature Guarantee is required. If required, one should be obtained from an authorized member of the Securities Transfer Agents Medallion Program (STAMP). Check with your local bank or broker/dealer to see if they offer this service. **Note: a Notary Public is not acceptable.**
- Contact your current Trustee/Custodian to inquire if they accept fax or email copies of your transfer request.
- You must submit a copy of a current statement (dated within 6 months) for the account you are transferring from, along with the Account Transfer Form.
- Provide a clear and legible photocopy of your non-expired state ID for signature verification, if you did not submit it with your application. If your signature is on the back of the ID, include a photocopy of the front and back. If the address on your ID is not current, attach a copy of a current utility bill.
- For each account that is being transferred to The Entrust Group, you **MUST** fill out a separate Account Transfer Form.
- If you are transferring an annuity, you **may incur** surrender/penalty charges. Please attach the original policy or a statement.
- If you are transferring assets and wish to transfer as cash, you will need to liquidate the appropriate assets prior to completing and submitting the Account Transfer Form.



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



Contact Us

ONLINE PORTAL	BY PHONE	BY EMAIL
Login to your Acct Online www.TheEntrustGroup.com	For immediate assistance, please contact a Client Service Representative at: Phone: (800) 392-9653 Option 1	Email questions to: Transfers@TheEntrustGroup.com

1 Account and Custodian Information


Account you are transferring from:

CUSTODIAN NAME
CUSTODIAN ACCOUNT NUMBER
ACCOUNT HOLDER NAME <i>(as it appears on your account)</i>
Account Type <i>(check one)</i>
<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> ROTH <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE ¹ <input type="checkbox"/> ESA <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> QUALIFIED PLAN ¹ <input type="checkbox"/> HSA <input type="checkbox"/> QUALIFIED PLAN ROTH ¹

Entrust account to receive your transfer:

ACCOUNT HOLDER NAME <i>(as it appears on your account)</i>
ENTRUST ACCOUNT NUMBER
SOCIAL SECURITY NUMBER
Account Type <i>(check one)</i>
<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> ROTH <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE ¹ <input type="checkbox"/> ESA <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> QUALIFIED PLAN ¹ <input type="checkbox"/> HSA <input type="checkbox"/> QUALIFIED PLAN ROTH ¹

¹ A SIMPLE IRA can be transferred to a Traditional IRA after a two-year period has been satisfied. Qualified Plans can only be transferred if it is the same type of plan from the same employer.

 **A copy of your most recent account statement (dated within 6 months) from your current Custodian is required. Your account statement should include your current Custodian name, client name, and account number. In addition, please make sure your account statement lists the asset(s) intended for transfer.**

2 Type of Transfer *(check one)*

☐ **Full Transfer** *(list asset(s) in the required section below)*

Approx. Value: \$ _____

*This option will transfer **all** assets in the account.*

☐ **Partial Transfer** *(list asset(s) in the required section below)*

Approx. Value: \$ _____



For all **liquidation** requests, please contact your current Trustee/Custodian to initiate the liquidation process.

Description of Asset <i>(cash, real estate, LLC, etc.)</i>	Quantity/Amount <i>(All, # of Shares, or Value)</i>
1.	
2.	
3.	
4.	
5.	

3 Delivery Instructions

How would you like the funds delivered to The Entrust Group?

☐ INCOMING WIRE TRANSFER *(additional fee applies)*

Funds are available next day, upon receipt.

☐ REGULAR CHECK

A 5-business day hold will be placed on all checks before funds become available.



Verify your current Custodian's submission requirements prior to selecting a submission option below.

How should this request be submitted to your Custodian?

☐ FAX NUMBER _____

☐ FIRST CLASS MAIL

☐ Overnight Delivery *(\$30 fee applies; cannot overnight to a PO Box)*

☐ Charge my Entrust Account

☐ Use third-party billing

☐ FedEx ☐ UPS Account #: _____

CUSTODIAN ADDRESS

STREET ADDRESS _____

CITY, STATE, ZIP _____

² A physical address must be provided above. Entrust cannot overnight to a P.O. Box address. If you charge the overnight delivery fee to your Entrust account, the fee must be paid via available account balance or credit card.

4 Account Owner Signature and Acknowledgement

- I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established an Entrust self-directed account.
- I understand the rules and conditions applicable to an Account Transfer.
- I qualify for the account transfer of assets listed in Section 2 and authorize such transactions.

Medallion Signature Guarantee Stamp* (if required)

** I understand that it is my responsibility to contact my current financial institution to determine whether a medallion guarantee is required. If medallion guarantee is required, it is my responsibility to take this form to my financial institution for a medallion guarantee. Failure to obtain a medallion guarantee could result in delays and/or rejection of this request by your current financial institution.*

SIGNATURE

DATE

FOR OFFICE USE ONLY: Letter of Acceptance of The Receiving Custodian

Pursuant to a limited written delegation, the Custodian has authorized The Entrust Group, Inc. to serve as the Administrator for the Custodian and to sign this form on the Custodian's behalf. The Custodian ASSUMES NO INVESTMENT CONTROL OVER CLIENT FUNDS AND ACTS ONLY AS A CUSTODIAN FOR CLIENT FUNDS. The Custodian assumes no investment management or investment fiduciary obligations.

The Entrust Group, Inc. on behalf of the Custodian.

AUTHORIZED SIGNATURE, THE ENTRUST GROUP, INC.: _____ DATE: _____

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

☐ 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:

<input type="checkbox"/> PLAN PARTICIPANT	<input type="checkbox"/> SPOUSE BENEFICIARY OF ACCOUNT	<input type="checkbox"/> NON-SPOUSE BENEFICIARY OF ACCOUNT	<input type="checkbox"/> EX-SPOUSE OF ACCOUNT DUE TO DIVORCE/LEGAL SEPARATION	<input type="checkbox"/> RESPONSIBLE INDIVIDUAL
---	--	--	---	---

5 Type of asset(s) to be rolled over

To rollover **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)
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To rollover **INVESTMENTS** (private stock, real estate, LLCs, notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description	Value

Total Value:

☐ DELIVERY INSTRUCTIONS ATTACHED ☐ CURRENT STATEMENT IS ATTACHED

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	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607

1 Account Information

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

2 Reason For Deposit (select one)**PAYABLE TO:** [Client Account #] The Entrust Group Inc FBO [Client Name]**2A: Contribution**

☐ IRA CONTRIBUTION TAX YEAR*:

*If a tax year is not indicated, the contribution will be treated as a current year contribution.

2B: Deposit for Real Estate Asset**NOTE:** If this is your **final payment on a real estate note**, resulting in a **\$0 balance** and removal of the asset from your account, please use the Note Payoff form to submit a final payment.

Property Address or Description:		Percentage Of Ownership: %
<input type="checkbox"/> INCOME FROM ASSET	<input type="checkbox"/> INSURANCE CLAIM/ PROCEEDS	<input type="checkbox"/> OTHER (provide additional information):

2C: Deposit for Alternative Asset

Asset Name:		Percentage Of Ownership: %
<input type="checkbox"/> INCOME FROM ASSET	<input type="checkbox"/> IN-KIND INCOME	
<input type="checkbox"/> OTHER (provide additional information):		

2D: Deposit for Note**NOTE:** If this is your **final private lending payment**, resulting in a **\$0 balance** and removal of the asset from your account, please use the Note Payoff form to submit a final payment.

Borrower Name or Address:		Percentage Of Ownership: %	
<input type="checkbox"/> INCOME FROM ASSET	<input type="checkbox"/> OTHER (provide additional information):		
INTEREST	PRINCIPAL	AMORTIZATION ON FILE	CURRENT OUTSTANDING PRINCIPAL

FORM CONTINUES ON PAGE 2

3 Deposit Details *(select one)*

DOLLAR AMOUNT

\$

☐ CHECK

SENDER'S NAME

☐ WIRE or ☐ ACH (If Wire or ACH selected, fill out 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.

PAYEE NAME

BANK NAME

FOR FURTHER CREDIT TO

BANK ABA / ROUTING NUMBER

ACCOUNT NUMBER

PAYEE STREET ADDRESS

CITY

STATE

ZIP CODE

ADDITIONAL INFORMATION

4 Account Owner Signature

SIGNATURE:

DATE:

**Submission Options****SUBMIT BY FAX**

(510) 587-0960

SUBMIT BY EMAIL

cashmanagement@theentrustgroup.com

SUBMIT BY MAILThe Entrust Group
555 12th Street, Suite 900
Oakland, CA 94607