

1 Account Information

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

2 Asset Information

ASSET DESCRIPTION (example: real estate address, LLC name , etc.)	PERCENTAGE OF OWNERSHIP %
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3 Payment Information

DESCRIPTION OF PAYMENT (example: mortgage payment, insurance payment, HOA fees, etc.)			
PAYEE NAME		ACCOUNT NUMBER	
PAYEE ADDRESS	CITY, STATE, ZIP	AMOUNT (relevant to percentage of ownership) \$	
INFORMATION/ACCOUNT TO BE REFERENCED ON PAYMENT			
Set Up Recurring Payments Recurring payment will be paid upon receipt of invoice.			
<input type="checkbox"/> THIS IS A ONE TIME PAYMENT	<input type="checkbox"/> THIS IS A RECURRING PAYMENT	<input type="checkbox"/> REPLACE AN EXISTING RECURRING PAYMENT Name of previous vendor required:	<input type="checkbox"/> CANCEL AN EXISTING RECURRING PAYMENT Name of vendor required:
Frequency of Recurring Payment			
<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> OTHER:
DUE DATE:	START DATE:	END DATE:	<input type="checkbox"/> NOTE:

4 Payment Delivery Information

Payment Method (select one of two options)

1 ☐ WIRE (Please complete wire instructions below or attach wiring instructions; additional fee applies.)

BANK NAME	BANK ABA/ROUTING NUMBER
BANK ADDRESS	CITY, STATE, ZIP
RECIPIENT NAME	RECIPIENT ACCOUNT NUMBER
FOR FURTHER CREDIT TO/PAYMENT DETAILS	

2 ☐ CHECK ☐ ISSUE A CASHIER'S CHECK *(additional fee applies and overnight mail required)***Check/Cashier's Check Delivery Instructions**

<input type="checkbox"/> REGULAR MAIL		<input type="checkbox"/> OVERNIGHT MAIL <i>(additional fee applies)</i>	
<input type="checkbox"/> BILL TO THIRD PARTY <input type="checkbox"/> FedEx or <input type="checkbox"/> UPS		Account #:	
<input type="checkbox"/> MAIL CHECK TO <i>(other than payee address in section 3)</i>			
NAME		TELEPHONE NUMBER <i>(for overnight deliveries)</i>	
ADDRESS	CITY	STATE	ZIP CODE

5 Payment of Fees *(select one)*

<input type="checkbox"/> ENTRUST ACCOUNT	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD <i>(Please complete section 6)</i>
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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.

6 Credit Card Information

CARD TYPE <i>(choose 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			
By signing below, you authorize your credit card to be charged for the option chosen above. 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. Future changes to the option made above must be submitted in writing.			
SIGNATURE			DATE

Left Blank Intentionally

7 Account Owner Signature

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:****Submission Options**

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	Forms@TheEntrustGroup.com	The Entrust Group 555 12th Street, Suite 1250 Oakland, CA 94607