

1 Account Information

NAME <i>(as it appears in your plan)</i>		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
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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:
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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