



Entrust Administration, Inc.

Enclosed you will find a new account packet which includes:

- Account Forms:
 - o IRA Application
 - o Fee Disclosure
 - o IRA Transfer/Rollover
 - o IRA 5305-a Disclosure
 - o Interest Party Designation & Limited Power of Attorney
 - o Buy Direction Letter
 - o Deposit Coupon
 - o Wire Instructions
 - o Please visit our website and click the "Downloads and Forms" link on the left of the Home page to download additional forms for your transaction

When you are ready to open an account, please fill out the Account Forms specified above and include a copy of your drivers license and current custodial statement. The IRA 5305-a disclosure should be reviewed and kept for your records. We must receive the original signatures on all other forms, so please mail them with your account establishment fee to:

Entrust Administration, Inc.
Attn: New Accounts
555 12th Street, Suite 1250
Oakland, CA 94607

Once we have opened your new account, we will issue you a welcome letter with your new Entrust Account # (this is generally issued within 2 business days of receiving the paperwork).

The transfer of funds from one custodian to another generally takes 2-5 weeks and we have no control over this process. You must talk to your current custodian, not Entrust, if you wish to expedite this process.

After the account has been funded, you may direct us to purchase a given asset using the asset purchase forms. We issue account numbers at the time that we receive a client's original application and not prior. Any asset will need to be held in the name of your IRA, not in your name personally. The vesting should read as follows:

Entrust Administration, Inc. FBO (YOUR LEGAL NAME) IRA# (ENTRUST ACCOUNT NUMBER)

If you wish to send the complete package of account forms and asset purchase forms, you may do so by filling out all of the information on the purchase agreement while leaving your Entrust Account Number blank.

The appropriate Buy Direction Letter must be completed and signed. Please write "Read and Approved" and sign your name at the top of all purchase documents. All standard purchase or subscription agreements must accompany the asset purchase forms and Entrust will countersign as the purchaser on your IRA's behalf. Please include a check to cover the \$95 asset purchase fee or the fee may be taken from your account. The purchase of the asset will take place only after your Entrust account has been funded, the funds have cleared, and the completed Buy Direction Letter and supporting documents have been reviewed.

Should any questions arise, you may call us at 1-800-392-9653 and select one of the following options:

- New Accounts – for help filling out the information on your Entrust account application or
- Customer Service – any questions that you may have outside of the new account process

Best regards!

The Entrust New Accounts Team



Retirement Account Administrator

This is a fill in PDF form. To complete the application, click in an area and type. For the latest version of Adobe Acrobat Reader, visit the Adobe Acrobat web site located at <http://www.adobe.com/products/acrobat/readstep2.html> and download Acrobat Reader for free.

For Office Use Only:

Retirement account administrator: _____

Client account number: _____

An account number will be assigned by the administrator and will be mailed to you.

1. Welcome to Entrust! Tell us who you are.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Online Statements <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your email address below.	Phone (____) _____ Fax (____) _____ Cell (____) _____ Occupation: _____ _____ Please indicate the county where you live: _____ _____
Legal Name (Required) . _____		
Legal Address (Required) _____		
City, State, Zip _____		
Mailing Address (Optional) _____		
City, State, Zip _____		

Social Security Number (Required)	Email Address	Date of Birth <i>Month/Day/Year</i>										
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2. What type of account would you like to open?

Please check	Account Type		Name Required
<input type="checkbox"/>	Traditional IRA	X	X
<input type="checkbox"/>	Roth IRA	X	X
<input type="checkbox"/>	Health Savings Account	X	X
<input type="checkbox"/>	Beneficiary IRA	Original IRA Holder	
<input type="checkbox"/>	Coverdell Savings Account	Depositor	
<input type="checkbox"/>		Responsible Person	
<input type="checkbox"/>	Simple IRA <i>(please attach employer plan documents)</i>	Employer Name	
<input type="checkbox"/>	SEP IRA <i>(please attach employer plan documents)</i>	Employer Name	
<input type="checkbox"/>	Profit Sharing Plan <i>(please attach employer plan documents)</i>	Employer Name	
<input type="checkbox"/>	Profit Sharing with 401(k) Provisions <i>(please attach employer plan documents)</i>	Employer Name	
<input type="checkbox"/>	Money Purchase Plan <i>(please attach employer plan documents)</i>	Employer Name	
<input type="checkbox"/>	Defined Benefit Plan <i>(please attach employer plan documents)</i>	Employer Name	



3. How would you like to fund your account?

<input type="checkbox"/> Annual Contribution: Year contribution for: _____ Current or prior year contribution to your plan	<input type="checkbox"/> Transfer Contribution Transfer from existing IRA or Employer Sponsored Plan.	<input type="checkbox"/> Rollover Contribution Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan.	<input type="checkbox"/> Direct Rollover Contribution Rollover from Employer Sponsored Plan.
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Make check payable to: _____

4. Who are your beneficiaries?

Primary beneficiaries receive your account proceeds upon your death. Contingent beneficiaries only will receive the account funds if there are no surviving primary beneficiaries when you die. Indicate your beneficiaries below:

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____ Address: _____ Relationship: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____ Share: _____ % <i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____ Address: _____ Relationship: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____ Share: _____ % <i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____ Address: _____ Relationship: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____ Share: _____ % <i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____ Address: _____ Relationship: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____ Share: _____ % <i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____ Address: _____ Relationship: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____ Share: _____ % <i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>
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5. How did you hear about us?

Internet
 Advertisement
 Article
 Television
 Radio
 Other _____

Referred by _____



6. Spousal Consent

Consent of Spouse:

If your spouse has not been named the sole primary beneficiary, please have them sign the statement below.

I have reviewed the above beneficiary designations and, as the spouse of the account owner, I consent to this beneficiary and that all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter, and I relinquish all my statutory or other rights thereto.

Please print this form first, and then sign the document.

Spouse's Signature _____ Date _____

If you would like 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.

7. 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 institution as shown on the disclosure, provided separately, as the Custodian of my Account ("Custodian"), and understand that the Custodial Account Agreement and my Application comprise my agreement with the Administrator, shown in the Custodial Account Agreement ("Administrator"). 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. In taking action based on this authorization

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 open this Account, I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

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 following 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.

I acknowledge receipt of a signed 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").

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. **PLEASE PRINT, SIGN AND MAIL THIS FORM TO YOUR ENTRUST OFFICE. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.**

Account Owner's Signature: _____ Date: _____

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. For purposes of this paragraph, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

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 paragraph, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

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.

Global Investment Fee Schedule

Fee Based on Asset Value of Account

To Establish an Account:

\$0 Minimum Minimum Annual Record Keeping Fee: \$250

Maximum Annual Record Keeping Fee: \$1,850

Please note: Fees are charged on an incremental basis.

If the Asset Value is between:	Multiply Value by:
\$1 to \$20,000	0.0085
\$20,001 to \$80,000	0.0065
\$80,001 to \$180,000	0.0055
\$180,001 to \$300,000	0.0045
\$300,001 to 500,000	0.0035
\$500,001 to up	0.0030

For example: The fee for \$50,000 account is \$365 per year. This is calculated as: \$20,000 x .0085 = \$170; \$30,000 x .0065 = \$195; \$170 + \$195 = \$365

Miscellaneous Fees

Domestic and International purchase, Sale or Exchange of Asset \$95

Loan or Mortgage Servicing Set-up fee \$95; Demand for Payoff (applies to loans serviced by us): \$150 per request

Domestic Wire Transfers (incoming and outgoing): \$25

International Wire Transfers (incoming and outgoing): \$35

Required Minimum Distributions by check: No Charge

Cashier's or other Official Bank Check: \$10, Trust Check: \$5

Overnight mail: \$30

Returned items of any kind: \$25 per item

Reprocessing of incomplete documents are charged \$25 per reprocessing, plus applicable fees.

Special Services, such as research of closed assets or accounts, legal research, or special handling of transactions: \$150 per hour.

Re-registration of assets: \$100, plus actual expense of transfer agents when applicable.

In kind distributions are charged the sale and re-registration fees, plus actual expense of charges from third parties.

Partial or Full Termination, including transfers of assets from your account to anyone, is one-half of one percent of the asset value of the amount transferred, plus sale transaction charges for each asset. This includes lump sum distributions, but does not include required minimum distributions. Minimum fee for this service: \$150. Annual Administration and Record Keeping Fees are not prorated when an account closes.

FEES WILL BE DEDUCTED FROM YOUR ACCOUNT UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. Minimum account balances may apply. Annual record keeping fees may be prepaid from your account and not prorated. For your convenience your annual fee will be reflected on your statements showing your record keeping charges. You may pay the amount shown on the statement. If there are insufficient funds in your account, we may liquidate other assets to pay for such fees in accordance with your Plan and Trust. All cash is maintained by the custodian at FDIC insured banks. Fees are subject to change with 30 days written notice. **In accordance with your Account Application, this Fee Disclosure is part of your Agreement with the Administrator and must accompany your Application. If a signed Fee Disclosure is not received with your Application, fees will be based on "value of assets."**

PRINT, SIGN AND MAIL THIS FORM TO THE ENTRUST OFFICE INDICATED AT THE TOP OF THIS DOCUMENT. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.

Printed Name _____ Telephone (required) _____ email address _____

Signature _____ Date _____

Use this form to:	Note: Use this form to: <ul style="list-style-type: none"> • Request a Transfer from an existing account • Contribute a Transfer contribution to an Entrust account
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Please return this completed form (along with your IRA Application or Adoption Agreement, if you are opening a new account) to your Administrator (the company that performs record keeping and administration of your plan on behalf of custodian). This form instructs the Custodian or Trustee of your present IRA/Employer Plan to transfer your assets to your self directed account with us. We will arrange for the transfer on your behalf.

Entrust Administration, Inc.

Part 1. Tell us who you are

Name (Your name as it appears in your plan) _____

Social security number: (Required) _____ Phone: _____

Legal Address (Required) _____

City, State, Zip _____

Part 2. Your funds are CURRENTLY held at current custodian/trustee

Name of Custodian _____ Account number _____

Office address _____

City, State, Zip _____

Phone number: _____ Contact name: _____

I am an eligible person to perform this transaction: (Select One)

- | | |
|---|--|
| <input type="checkbox"/> IRA holder, responsible individual or plan participant (transfer, rollover, direct rollover) | <input type="checkbox"/> Trustee of plan (transfer, rollover, direct rollover) |
| <input type="checkbox"/> Spouse beneficiary of account (rollover, direct rollover) | <input type="checkbox"/> Non-spouse beneficiary of account (transfer) |
| <input type="checkbox"/> Ex-Spouse of account due to divorce/legal separation (transfer, rollover, direct rollover) | |

Part 3. Transfer (Must transfer to the same type of account at Entrust)

1. I am transferring the following type of IRA (Check one. Must be transferred into like plan.):

- Traditional
 Roth
 SEP
 SIMPLE
 ESA
 HSA
 Profit sharing plan (including 401(k))
 Money purchase plan
 Defined benefit plan
 Other

Name of Plan _____ Type of Plan _____

Part 4. Asset transfer request to Entrust (Choose complete or partial)

- This is a complete transfer to my self directed account.**
- Please liquidate all assets in my account and send the proceeds payable to Entrust Administration, Inc. FBO (my name) **OR**
Entrust office name
 Please transfer all assets including cash in kind to Entrust Administration, Inc. (my name).
Entrust office name
 (Attach your most recent statements from your prior trustee or custodian. Delivery instructions for DTC eligible securities are enclosed.) **OR**
 Please wire transfer cash per delivery instructions attached.
- This is a partial transfer to my account.** (Attach your most recent statements from your prior trustee or custodian)
- Send \$ _____ in cash to Entrust Administration, Inc. FBO (my name) **OR**
Entrust office name
 Please wire transfer cash per delivery instructions attached. **OR**
 Send the following assets described below to Entrust Administration, Inc. FBO (my name)
Entrust office name
 (Attach your most recent statements from your prior trustee or custodian. Delivery instructions for DTC eligible securities are enclosed.)

Asset description	Amount

Delivery instructions are attached. Current statement is attached.

Part 5. Signature for transfer of a qualified retirement account *(This does not constitute a direct roll over.)*

- I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self-directed account through execution of the _____ (Name of plan - administrator will complete) account application.
- I understand the rules and conditions applicable to an Account Transfer
- I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.
- I understand that no one at Entrust or any of its licensees has authority to agree to anything different than my foregoing understandings of Entrust policy.

Your Signature _____ Date _____
(Name of plan holder or plan trustee, if employer plan)

For transfer of employer sponsored plan

Name of trustee authorizing transfer: Mechanics Bank

Address: 1333 North California Blvd Suite 600

City, State, Zip Code: Walnut Creek, CA 94596

FOR OFFICE USE ONLY

Type of Account (check one):

Traditional Roth SEP SIMPLE ESA HSA Profit Sharing Plan (including 401(k)) Money Purchase Plan Defined Benefit Plan

Other _____ Name of Plan _____
_____ Type of Plan _____

FOR OFFICE USE ONLY. Acceptance of Receiving Custodian.

Pursuant to a limited written delegation, _____, as Custodian ("Custodian"), has authorized _____
_____ *(Entrust affiliate office)* to sign this form on the Custodian's behalf to verify the Custodian's
acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt, to the Account established by
_____, on your behalf. _____

N.A. ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR FUNDS.

_____ *(franchise)* on behalf of

Custodian, _____

By _____

Date: _____

FBO Account # _____





The name of the company that performs record keeping and administration of your plan on behalf of custodian named in the account application.

Entrust Administration, Inc.

General Information

Account holder _____ Account number _____

Interested Party Designation

Please complete the information below to authorize your spouse, financial advisor (broker, financial planner, accountant, attorney, or other person etc.) **to receive information about your account**. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account. This form must be completed in full and will only be accepted with original signatures.

Name of interested party _____

Interested party street address _____ City _____ State _____ Zip _____

Telephone number: () _____ FAX number: () _____

Email address: _____

This Designation will remain in effect until the Administrator has received written notice of revocation from the Account Holder. Account Holder agrees to indemnify and hold harmless Administrator, its affiliates, officers, employees and/or Custodian, against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.

Limited Power of Attorney

This LPOA gives your designated agent the power **to conduct all transactions** (with the exceptions noted below) in your Account. Please read carefully before signing. **This form must be completed in full and will only be accepted with original signatures.**

I hereby authorize _____ to be my agent and attorney-in-fact to conduct all transactions, except as limited below, to the extent of the terms as previously agreed to in my Individual Retirement Account Application. **This LPOA may not be used to direct distributions or transfers.**

Name of Attorney-in-Fact _____

Attorney-in-Fact street address _____ City _____ State _____ Zip _____

Telephone number: () _____ FAX number: () _____

Email address: _____

This LPOA will remain in effect until the Administrator and/or Custodian has received written notice of revocation from the Account Holder. I understand that neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. 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, attorneys' fees, and/or third party claims, arising out of and/or in connection with their reliance on this LPOA. This indemnity and hold harmless provision shall survive any Termination of this LPOA. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are 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. For purposes of this paragraph, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

If any provision of this LPOA 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.

Signature of Attorney-in-Fact _____

Signature

PLEASE MAIL THIS FORM TO YOUR ENTRUST OFFICE.

Account Holder Signature _____ Date _____

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 acknowledgments, personally appeared _____ to me personally known or who produced _____ as identification, to me known to be the person described in and who executed the foregoing 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



For office use only

Note – Indicate whether this direction letter:

- is the original supersedes the direction letter sent on date: _____/time: _____
 is the original faxed on this date _____ / time: _____ to FAX number _____

If you will be using funds from other accounts and/or qualified plans administered by us, please use separate Buy Direction Letters for each IRA and/or qualified plan. You may photocopy this form for this use.

Administrator: Entrust Administration, Inc.

The name of the company that performs record keeping and administration of your plan on behalf of custodian named in the account application.

Form Instructions:

1. Please complete General Asset Information section.
2. Locate your asset type within this document and complete that section.
3. Sign and date this form, and return the original signed copy to your local Entrust office.
4. Maintain a copy for your records.

General Asset Information

1. Name (as it appears on your account application)	2. Account number

2. Escrow/Title Co./Attorney(s) Entity(ies) responsible for closing the transaction between account and the Seller. If multiple entities, please include all names. Include contact names, phone and fax numbers.

I hereby authorize and direct the administrator and/or custodian to BUY the following asset for my account:

3. Asset name, description or property address. Describe the asset here. Provide the full physical address which appears on the current deed or tax records (if purchasing real estate, notes) or the name that the seller provides in a prospectus or offering. If stocks, bonds, or other securities, please include the CUSIP or ticker symbol.

4. Transaction fees to be paid by: All fees due at time of transaction. If no indication is made, fees will be deducted from your uninvested cash balance if available.

Choose One: <input type="checkbox"/> Your Account <input type="checkbox"/> Check	<input type="checkbox"/> Credit Card Card Type: _____ Card Number: _____ Exact Name on Card: _____ Security Code: _____ Expiry Date: _____ Signature: _____
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5. Delivery instructions. Please provide complete delivery instructions for your payment, including name, address, city, state and zip. Incomplete instructions will delay payment for your asset, or misdirect funds. Such instructions are supplied by the seller of the asset.

Choose One Wire (Please complete wiring instructions) Make check payable to Payee/Seller _____
 Payee/Seller Mailing Address _____ City _____ State _____ Zip _____

A. Real Estate Complete this section if purchasing real estate

A1. A.P.N #/legal description: If used, must agree with documents we will sign on your accounts behalf. Please attach legal description, if needed.	A2. Total purchase price (contract price) The total purchase amount of the property minus settlement and other charges. If this changes, please send in addendum to update this information. Additional Settlement Charges may be listed on Escrow Instructions.	A3. Deposit amount (Funded by the Administrator to Escrow) The amount you would like us to fund into an escrow account for the purchase of this property. This amount will appear on your settlement statement. Do not fund escrow from personal funds, as this may be a disqualifying event. \$ _____
A4. Percentage of ownership % Percentage for this account.	A5. Is the property to be mortgaged? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete a Payment Authorization.	

B. Notes Complete this section if making a note purchase

I hereby authorize and direct the administrator and/or custodian to BUY the following asset for my account:

- Buy existing note Create new note Carry back from a real estate sale Unsecured note
 Note secured by _____

B1. Borrower(s) name(s) If more than one borrower, include all names.	B2. Borrower's address Address where payment coupons/borrower notices are sent.
B3. Telephone no. Borrower's telephone number	B4. Social security number of payor Payor's S.S.N. for Mortgage Interest (1098 Purposes)

B5. Property address *If this note is secured by a piece of property, please provide the physical address which appears on the current deed or tax records.*

B6. Your percentage of ownership of this note	B7. Purchase price	B8. Note amount <i>Face amount of Note.</i>
%		\$

B9. Principal balance <i>For existing note:</i>	B10. Frequency
\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Interest Only <input type="checkbox"/> Amortized <input type="checkbox"/> Other

B11. Interest Rate	B12. Payment amount	B13. Maturity date <i>Including extensions</i>

B14. Name, address and phone number of loan servicer (check if none):

B15. Administrator MUST be in receipt of the original note prior to funding.

B16. All vestings to read

FBO _____ Account# _____
e.g. Your Name (For Example ABC Administration FBO John Doe, Account #0000) (John Jones Profit Sharing Plan FBO John Jones Account #0000)

C. General Buy Direction Authorization - Complete this section if purchasing assets other than real estate or notes

C1. Quantity <i>(Number of shares, units, etc.)</i>	C2. Price <i>(Per number of shares, units, etc.)</i>	C3. Total purchase price <i>(Quantity times price)</i>
	\$	\$

D. Prior to funding, all transaction documents must be notated "read and approved" with your signature and date. *(For example, subscription documents, real estate closing documents, promissory notes.)*

I understand that my account is self-directed and that the Administrator and Custodian named in the disclosure statement received when the account was established will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to making any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided, any advice with respect to the investment directive set forth in this Buy Direction Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator nor the Custodian determine whether this 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. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that neither the Administrator nor the Custodian is a "fiduciary" for my account and/or my investment as such terms are defined in the IRC, ERISA, and/or any applicable federal, state or local laws. 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 claims by others, arising out of this Buy Direction Letter and/or this investment, including, but not limited to, claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the IRC and/or any other applicable federal, state or local laws. In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian are 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 am directing you to complete this transaction as specified above. I confirm that the decision to buy this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator and/or Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Buy Direction Letter 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. For purposes of this Buy-Direction Letter, the terms Administrator and Custodian include The Entrust Group, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners. 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: _____
 Please read the disclosure above the signature line before signing and dating.



The name of the company that performs record keeping and administration of your plan on behalf of custodian named in the account application.

Entrust Administration, Inc.

1. Account holder information Please complete the following information.

Account holders name	Account number

Reason for Deposit

- | | | |
|---|------------|------------------------|
| <input type="checkbox"/> Contribution | Year _____ | Mortgage Payment _____ |
| <input type="checkbox"/> Income | | Loan Number _____ |
| <input type="checkbox"/> Rollover (Please attach a funding form with this coupon) | | Interest Income _____ |
| <input type="checkbox"/> Transfer (Please attach a funding form with this coupon) | | Date _____ |

Client Signature _____ **Date** _____

Entrust Administrator _____ **Date Received** _____



Wiring Instructions Form

Please complete this form for all outgoing wires from your self-directed IRA account.
Mail it to the administrator specified below. This is a fill in PDF form. You can complete this form using Adobe Acrobat reader.

1. Administrator name

Entrust Administration, Inc.

2. Your name as it appears on your account:

3. Account number

4. Bank name

5. Bank routing number

6. Bank address

7. Account holder name/Name of bank account

8. Account number

9. Address of account holder

10. Signature

PLEASE MAIL THIS FORM TO YOUR ENTRUST OFFICE.

Signature _____ Date _____

Contact information:

Entrust Administration, Inc.
555 12th Street Suite 1250
Oakland, CA 94607
p: (510) 587-0950
f: (510) 587-0960