



This form is to be attached to the BlueVault Investment Authorization if you are requesting that we wire your funds.

1. PERSONAL INFORMATION (*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is: Email Primary Phone	First Name*	Middle Name	Last Name*
	Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
	Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. TRANSACTION TYPE

These wire instructions are for (select one):

An investment; I am submitting an Investment Authorization with this Wire Request form	A distribution; I am submitting a Distribution Request with this Wire Request form
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3. WIRE INSTRUCTIONS (Outgoing wire fee applies)

Please wire my funds to the following bank account (fields marked with an asterisk (*) are required):

Bank Name*			
Bank Address*			
Bank Phone Number*		Attention:	
ABA (wire routing number)*			
Account Name*			
Account Number*			
For Further Credit Account Name			
For Further Credit Account Number			

4. AUTHORIZATION

Participant Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Please include this form with your Investment Authorization, Distribution Request or RMD Cash Distribution form.

For Investment wires:	For Distribution wires:	Regular mail	Overnight mail
Fax (650) 745-2929	Fax (650) 745-1403	Forge Trust Co.	Forge Trust Co.
Email investments@ForgeTrust.com	Email distributions@ForgeTrust.com	PO Box 7080	1160 Industrial Road, Suite 1
		San Carlos, CA 94070-7080	San Carlos, CA 94070-4128