



PENSCO TRUST COMPANY

Please return checks and this form to:

Regular Mail: P.O. Box 26903 San Francisco, CA 94126-6903
Overnight Delivery Only: 450 Sansome Street, Fl. 14 San Francisco, CA 94111-3306

For wiring instructions, go to:
pensco.com/forms/pdfs/wire_instructions.pdf

Solo(k) Contribution

Non-Rollover Contribution ➔ Solo(k)

www.penscotrust.com
800-969-4472

1. Plan Name:

(Enter the Plan Name you entered in Section 1 of your Solo(k) Application form)

2. Participant Information

Plan Name: Enter the plan name you entered in Section 1 of your Solo(k) Application _____ Participant's Social Security # _____

Participant's First Name _____ Middle _____ Last _____

3. Contribution Information

Check and complete all that apply. For each of A, B and C you are selecting, you are confirming that the statements following the checked boxes to be true.

- A. A Roth (After-Tax) Elective Deferral contribution in the amount of \$ _____ . _____ for the plan year ending _____ is hereby being remitted for the above-named participant.
- The Adoption Agreement completed for this plan allows for Roth (After-tax) Elective Deferrals.
 - The above-named participant has timely completed an Elective Deferral Form - Incorporated Business (if the business is incorporated) or an Elective Deferral Form - Unincorporated Business (if the business is unincorporated) for this Elective Deferral
 - The undersigned has determined that the above amount, when added to all other Elective Deferral contributions (both Roth and pre-tax) for the participant for the year does not exceed the applicable limits under the tax laws.
 - The contribution is being made by the applicable deadline for the plan year identified above.
- B. A pre-tax Elective Deferral contribution in the amount of \$ _____ . _____ for the plan year ending _____ is hereby being remitted for the above-named participant.
- The above-named participant has timely completed an Elective Deferral Form - Incorporated Business (if the business is incorporated) or an Elective Deferral Form - Unincorporated Business (if the business is unincorporated) for this Elective Deferral.
 - The undersigned has determined that the above amount, when added to all other Elective Deferral contributions (both Roth and pre-tax) for the participant for the year does not exceed the applicable limits under the tax laws.
 - The contribution is being made by the applicable deadline for the plan year identified above.
- C. A Profit Sharing (discretionary) contribution in the amount of \$ _____ . _____ for the plan year ending _____ is hereby being remitted for the above-named participant.
- The undersigned has determined that the above amount, when added to all other Profit Sharing contributions for the participant for the year does not exceed the applicable limits under the tax laws.
 - The contribution is being made by the applicable deadline for the plan year identified above.

4. Employer Signature

➔ _____
Employer Signature _____ Date _____