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) Rollover

Plan of Previous Employer ➡ Solo(k)

IRA (Non-Roth) or SEP IRA ➡ Solo(k)

www.penscotrust.com
800-969-4472

1. Participant Information

☐ I am funding a new Solo(k) (*Solo(k) Application* attached) **OR**

☐ I am funding my existing PENSCO Trust Solo(k) Account #: ______________________

First Name ______ **Middle** ______ **Last** ______

Social Security # ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Primary Phone # ______ – ______ – ______ Ext.: ______

Primary Phone # ______ – ______ – ______

2. Name of Your Current Plan's Custodian, Administrator and/or Trustee

(Fill in below name of the one from which you are requesting a rollover)

____

PLEASE NOTE: When deciding on the dollar amount of your rollover, please consider the following:

- **You may roll over all or part of an existing account**
- **When rolling over part of an account, make sure to move enough funds into your PENSCO Trust Solo(k) recipient account to accommodate the following:**
  - **a)** The dollar amount of your planned investment (if you know)
  - **b)** Any transaction or maintenance fees that will be deducted from your account
  - **c)** PENSCO Trust's minimum cash balance requirement of $100

3. Direct Rollover Election **When moving funds as a Direct Rollover from a plan of a Previous Employer.**

(If you are rolling over an IRA (Non-Roth) or SEP IRA and can do a 60-Day Cash Rollover, skip onto Section 4.)

A) Please check what type of Component you are rolling over from this plan:

☐ 401(k) - Roth (After-tax) Component

☐ 401(k) - Non-Roth (Pre-tax) Component

☐ Other Qualifed Plans (Profit Sharing, Defined Benefit, 403(b), Governmental 457(b), etc)

B) Request a Distribution

Complete the distribution form provided by the prior plan administrator (usually the plan's sponsoring employer). Completed forms should be returned to this same prior plan administrator for processing. You will indicate on the form that the receiving custodian is PENSCO Trust Company. This will allow the administrator to make the check payable to your Solo(k) plan.

The distributed plan funds should be payable to your Solo(k) plan as follows:
"PENSCO Trust Company, Custodian of (Plan Name), FBO (Participant Name)"

Plan Name = "'Your company's name, or your name if you are a sole proprietor' Solo(k) Plan"
Participant Name = 'Your Name'

C) Deposit distribution check into your Solo(k) plan.

I submitted a distribution request to my prior plan administrator and:

☐ **the administrator will be mailing or wiring the distribution in the approximate amount of: $ ________ . ___ to PENSCO Trust.**

OR

☐ **the plan administrator's procedure is to mail the check to me. I have enclosed the plan distribution check in the amount of: $ ________ . ___ with this form.**

4. 60-Day Cash Rollover

A) Request and receive your IRA distribution check.
(You do not need to have taxes withheld.)

B) Simply endorse the back of the check, or write a new check payable as follows:
"PENSCO Trust Company, Custodian of (Plan Name), FBO (Participant Name)"

C) Write in the dollar amount of your rollover check in the box to the right, and initial to certify that you are depositing it within 60 days of the distribution date.

D) Submit to PENSCO Trust:

1. *Solo(k) Application* (if you are funding a new account)

2. This *Solo(k) Rollover* form

3. Rollover Check (endorsed or made payable to the Solo(k) plan, see above)

IRA To Solo(k) Rollover Certification

This deposit is being made within 60 days of my having taken receipt of funds from another IRA. I have not within the last 12 months received from that IRA a distribution with which I made a tax-free rollover or made a tax-free rollover to it.

➡ $ ____________

Dollar Amount of Deposit