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The Entrust Group

# Individual 401(k) Employer Contribution Form

## 1 Plan Information

| | |
|---|---|
| PLAN NAME | PLAN NUMBER |
| CONTRIBUTION TYPE<br>☐ Traditional Only ☐ Roth Only ☐ Both Traditional and Roth | TAXABLE YEAR THAT CONTRIBUTIONS ARE APPLICABLE TO |

## 2 Contribution Information

If Entrust is providing record-keeping services for your self-directed plan, you must provide Entrust with a breakdown of contribution amounts and types per plan participant.

| PARTICIPANT NAME | ACCOUNT NUMBER | CONTRIBUTION TYPE/CODE<br>(Use codes below) | CONTRIBUTION AMOUNT |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| **TOTAL ENCLOSED:** $<br>(Sum of all contributions) | **CHECKS PAYABLE TO:** | | |

**Contribution Types/Codes**

"ER" - Regular Employer Profit Sharing Contribution (201-003)

"RO" - Rollover Contribution (201-006)

"TR" - Transfer or Outsourced Contribution/Deposit (201-000)

"ED" - Pre-Tax Elective Deferral to 401(K) Plan (201-001)

"RED" - Post Tax Roth Elective Deferral to 401(K) Plan (201-002)

## 3 Employer Signature

As an employer, you certify that you are eligible to contribute the amounts specified above. You also certify your understanding that you shall be responsible to accurately report and track these contributions.

| | |
|---|---|
| EMPLOYER | EIN |
| PHONE NUMBER | |
| SIGNATURE OF EMPLOYER | DATE |