

**1 Plan Information**

|  |   |
|--|---|
| PLAN NAME  | PLAN NUMBER                                       |
| CONTRIBUTION TYPE<br><input type="checkbox"/> Traditional Only <input type="checkbox"/> Roth Only <input type="checkbox"/> Both Traditional and Roth | TAXABLE YEAR THAT CONTRIBUTIONS ARE APPLICABLE TO |

**2 Contribution and Deferral 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 |
|---|---------------------------|---|---------------------|
|   |                           |   | \$                  |
|   |                           |   | \$                  |
|   |                           |   | \$                  |
| <b>TOTAL ENCLOSED: \$</b><br>(Sum of all contributions)   | <b>CHECKS PAYABLE TO:</b> |   |                     |
| <b>Contribution Types/Codes</b><br>"ER" - Regular Employer Profit Sharing Contribution (201-003) "ED" - Pre-Tax Elective Deferral to 401(K) Plan (201-001)<br>"RO" - Rollover Contribution (201-006) "RED" - Post Tax Roth Elective Deferral to 401(K) Plan (201-002)<br>"TR" - Transfer or Outsourced Contribution/Deposit (201-000) |                           |   |                     |

**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 |