

# Individual 401(k) Deposit Transmittal Form

555 12th Street, Suite 900  
Oakland, CA 94607  
Phone: (800) 392-9653  
Fax: (510) 587-0960  
forms@theentrustgroup.com

**Do NOT use this form for making a contribution.**

## 1 Plan Information

PLAN NAME (as it appears on your plan document)	PLAN NUMBER	TRADITIONAL OR ROTH? <input type="checkbox"/> Traditional Only <input type="checkbox"/> Roth Only <input type="checkbox"/> Both Traditional and Roth
EMAIL ADDRESS (required)		DAYTIME PHONE NUMBER

## 2 Deposit Information

**Provide a breakdown of the deposit amount.**

Participant's Name	Social Security Number / Tax ID	Deposit Amount	Asset Name
		\$	
		\$	
		\$	
Total Enclosed \$			

PAYABLE TO: The Entrust Group Inc. FBO John Doe MD, LLC 401(k) Plan, Account #12345

## 3 Plan Administrator Signature

EMPLOYER	EIN	PHONE
SIGNATURE OF PLAN ADMINISTRATOR		DATE



## Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	forms@theentrustgroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607