

Qualified Retirement Plan Employer Contribution Form

Plan Information

PLAN NAME:

1

PLAN NUMBER:

PLAN TYPE :

CONTRIBUTIONS FOR TAXBLE YEAR:

2

Contributions and Investment 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.

PARTICIPANTS NAME	ACCOUNT NUMBER (If applicable)	CONTRIBUTION TYPE/CODE (Use codes below)	CONTRIBUTION AMOUNT	
TOTAL ENCLOSED: (Sum of all contributions)	CHECKS PAYABLE TO:			
Contribution Types/Codes				

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

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

"RO" - Rollover Contribution (201-006)

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

3 Signature of Employers Representative

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:		
ADDRESS:			
PERSON TO CONTACT	PHONE #		
SIGNATURE OF EMPLOYERS REPRESENTATIVE	DATE		