

Entrust Solo 401(k) Plan Adoption Agreement Instructions

1	Employer Information: name of the business as well as address, telephone, and email
2	Enter Yes or No if the Employer is part of a controlled group (if the employer owns and control more than one business)
3	Trustee/Custodian
4	Check the box that depicts the type of entity of the employer
5	Enter when your tax year ends. For example, your fiscal tax year goes from January 1 to December 31
6	EIN of the Plan – do not use a social security number
7	The Plan Administrator is typically the employer unless the employer appoints someone else – Entrust is not the Plan Administrator
8	Documents Provider is: The Entrust Group - 555 12 th Street, Suite 900, Oakland CA 94607 510-587-0950
9	Name of the Plan
10	3-Digit Plan Number
11	Business Code (see Form 5500 Instructions): Please include the link to the Form 5500 as mentioned in the notes.
12	If this is a new plan, complete (a). If this is a restatement of an existing plan, complete (b). Under (b), enter the initial starting date of the plan, example January 1, 20xx, the Amendment and Restatement Date would be the date you sign this document.
13	Skip
14	Loans: Check yes or no if you choose to allow for loans under the plan
18	Only applies if you maintain another qualified plan (consult with your tax advisor)
Enter the name of the Employer	
Authorized Signer: Sign	
Print Name/Title of Signer legibly and date	
Skip Section 8 if all effective dates are the same since the plan's inception	
Addendum B only needs to be completed if the employer is part of a controlled group	