

Solo 401(k) Employer Contribution Form

1 Plan Information

PLAN NAME	PLAN NUMBER	TAXABLE YEAR THAT CONTRIBUTIONS ARE APPLICABLE TO
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2 Contribution Information

Since 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.

EMPLOYER NAME	ACCOUNT NUMBER	CONTRIBUTION AMOUNT
		\$
		\$
		\$
TOTAL ENCLOSED: \$ (Sum of all contributions)	PLEASE MAKE CHECKS PAYABLE TO: The Entrust Group Inc. FBO [Plan Name], Acct# [account number]	

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 PHONE #:	PLAN EIN:
EMPLOYER SIGNATURE:	DATE: