



Solo(k) Contribution

1 PLAN NAME

Enter the plan name you entered in Section 1 of your Solo(k) Application form.

PLAN NAME* Solo(k) Plan

2 PARTICIPANT INFORMATION

NAME (FIRST, MI, LAST)* SSN* DATE OF BIRTH* PRIMARY PHONE NO.*

3 CONTRIBUTION INFORMATION

Check and complete all that apply. For each contribution type you select below (A, B and C), you are confirming that the statements below the contribution type are true.

- A. A Roth (after-tax) elective deferral contribution... B. A pre-tax elective deferral contribution... C. A profit sharing (discretionary) contribution...

4 EMPLOYER SIGNATURE

EMPLOYER SIGNATURE* DATE*

NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

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