

Toll Free: 800-962-4238 PacificPremierTrust.com

Solo(k) Contribution

1. PLAN NAME	
Enter the plan name you entered in Section 1 of your Solo(k) Application form. PLAN NAME*	
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. \square Roth (after-tax) elective deferral contribution in the amount of \$ for the plan year ending is hereby being remitted for the above name participant.	
 The Adoption Agreement completed for this plan allows for Roth (after-tax) Elective Deferrals. The above named participant has timely completed an Elective Deferral Form — Incorporated Business (if the business is incorporated) or an Elective Deferral Form — Unincorporated Business (if the business is unincorporated) for this elective deferral. The undersigned has determined that the above amount, when added to all other elective deferral contributions (both Roth and pre-tax) for the participant for the year does not exceed the applicable limits under the tax laws. This contribution is being made by the applicable deadline for the plan year identified above. 	
B. \(\sum \) A pre-tax elective deferral contribution in the amount of \$ remitted for the above name participant.	for the plan year ending is hereby being
 The above named participant has timely completed an Elective Deferral Form — Incorporated Business (if the business is incorporated) or an Elective Deferral Form — Unincorporated Business (if the business is unincorporated) for this elective deferral. The undersigned has determined that the above amount, when added to all other elective deferral contributions (both Roth and pre-tax) for the participant for the year does not exceed the applicable limits under the tax laws. This contribution is being made by the applicable deadline for the plan year identified above. 	
C. \square A profit sharing (discretionary) contribution in the amount of \$ being remitted for the above name participant.	for the plan year ending is hereby
 The undersigned has determined that the above amount, when added to all other profit sharing contributions for the participant for the year does not exceed the applicable limits under the tax laws. This contribution is being made by the applicable deadline for the plan year identified above. 	
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	

Upload forms to:

PacificPremierTrust.com/upload

THE PRINCIPAL AMOUNT INVESTED.

Fax to: 303-614-7038

Send mail to: Pacific Premier Trust Processing Center P.O. BOX 981012 Boston, MA 02298 For express deliveries: FIS-Remittance Processing Loading Dock #2 Attn: Pacific Premier Trust 10 Dan Road Canton, MA 02021 **Questions?** Call 800-962-4238

