



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*
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DATE OF BIRTH*	PRIMARY PHONE NO.*
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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. 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. A pre-tax elective deferral contribution in the amount of \$ _____ for the plan year ending _____ is hereby being remitted for the above name participant.
- 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. A profit sharing (discretionary) contribution in the amount of \$ _____ for the plan year ending _____ is hereby being remitted for the above name participant.
- 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*
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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.

Upload forms to:
PacificPremierTrust.com/upload
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

