



# SOLO(K) ROLLOVER

## 1. PARTICIPANT INFORMATION

- I am funding a new Solo(k) (*Solo(k) Application* attached) **OR**
- I am funding my existing PENSICO Trust Solo(k) Account #: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

## 2. NAME OF YOUR CURRENT PLAN'S CUSTODIAN, ADMINISTRATOR AND/OR TRUSTEE

(Fill in below name of the one from which you are requesting a rollover)

**PLEASE NOTE: When deciding on the dollar amount of your rollover, please consider the following:**

- You may roll over all or part of an existing account
- When rolling over part of an account, make sure to move enough funds into your PENSICO Trust Solo(k) recipient account to accommodate the following:
  - a) The dollar amount of your planned investment (if you know)
  - b) Any transaction or maintenance fees that will be deducted from your account
  - c) PENSICO Trust's minimum cash balance requirement of \$100

## 3. DIRECT ROLLOVER ELECTION When moving funds as a Direct Rollover from a plan of a Previous Employer.

(If you are rolling over an IRA (Non-Roth) or SEP IRA and can do a 60-Day Cash Rollover, skip onto Section 4.)

### A) Please check what type of Component you are rolling over from this plan:

- 401(k) - Roth (After-tax) Component
- 401(k) - Non-Roth (Pre-tax) Component
- Other Qualified Plans (Profit Sharing, Defined Benefit, 403(b), Governmental 457(b), etc)

### B) Request a Distribution

Complete the distribution form provided by the prior plan administrator (usually the plan's sponsoring employer). Completed forms should be returned to this same prior plan administrator for processing. You will indicate on the form that the receiving custodian is PENSICO Trust Company. This will allow the administrator to make the check payable to your Solo(k) plan.

#### The distributed plan funds should be payable to your Solo(k) plan as follows:

"PENSICO Trust Company, Custodian of (Plan Name), FBO (Participant Name)"

**Plan Name** = "Your company's name, or your name if you are a sole proprietor' Solo(k) Plan"

**Participant Name** = 'Your Name'

### C) Deposit distribution check into your Solo(k) plan.

I submitted a distribution request to my prior plan administrator and:

- the administrator will be mailing or wiring the distribution in the approximate amount of: \$ \_\_\_\_\_ . \_\_\_\_ to PENSICO Trust.

**OR**

- the plan administrator's procedure is to mail the check to me. I have enclosed the plan distribution check in the amount of: \$ \_\_\_\_\_ . \_\_\_\_ with this form.

(continued)

**INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE**

