**This form is provided as educational material, and as an example of an administrative form that may be used to record certain interactions/transactions between a participant and their Solo 401(k).**

**These forms may be freely downloaded and used. The forms may also be amended or changed at the viewers discretion. You should always consult with your CPA or other tax professional when completing these forms, when hiring a part-time or full-time employee, when making a contribution to or a distribution from the plan, taking a loan from the plan, or when taking any other action that might incur taxable income or reporting requirements.**

**Please refer to the last two pages of the Plan Summary Description for information on the Plan Sponsor, Plan Administrator, and Trustee of the plan. The same information may also be found in the plan’s Adoption Agreement.**

**IN-PLAN ROTH ROLLOVER ELECTION FORM**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 401(k) Name (“the Plan”) |  | Sponsor Company Name (“the Company”) |

**PARTICIPANT INFORMATION**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name First Name MI |  | Social Security Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Address - Number and Street |  | City State Zip |
| ( ) |  | ( ) |
| Work Phone |  | Home Phone |

**IN-PLAN ROTH ROLLOVER AMOUNT**

I direct the Plan Administrator to rollover the vested account balance, as specified below, to an in-Plan Roth Rollover account under the Plan.

Please rollover as an In-Plan Roth Rollover the following:

[ ] All of my non-Roth account balances that are eligible for In-Plan Roth Rollover.

[ ] % of my non-Roth account balances that are eligible for In-Plan Roth Rollover.

[ ] $ .\*

[ ] Other: .\*

**IN-PLAN ROTH ROLLOVER ORDERING RULES**

Please complete my requested In-Plan Roth Rollover in the following manner:

[ ] Distribute pro-rata from each account I have indicated above (all available accounts if none specified above).

[ ] Other: .\*

**SIGNATURES**

I hereby consent to the In-Plan Roth Rollover requested on this form and certify that all information I have provided is accurate. I understand that I have the right to consider the information provided in that notice for a period of at least 30 days and am waiving that 30 days and request an immediate In-Plan Roth Rollover. I understand that any pre-tax amount included in an In-Plan Roth Rollover will be included as taxable income in the year the transaction takes place. I understand that once completed an In-Plan Roth Rollover is irrevocable.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Signature of Participant |
|  |  |  |
|  |  |  |
|  |  | Print Name of Participant |

As Plan Administrator, I hereby authorize the above transaction.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Signature of Plan Administrator |
|  |  |  |
|  |  |  |
|  |  | Print Title and Name of Plan Administrator |

**\*\*Website Info\*\***

**IN-PLAN ROTH ROLLOVER INFORMATION**

Please see the Summary Plan Description for information on when you may request an In-Plan Roth Rollover, what account balances can be included, and when you can take a distribution of amounts that have been included in an In-Plan Roth Rollover. In order to be included in an In-Plan Roth Rollover, the assets must be vested and must be an Eligible Rollover Distribution (determined as if the amount was actually being distributed to you). You cannot elect to have taxes withheld from your In-Plan Roth Rollover transaction. There are penalties for not paying enough tax during the year through withholding or estimated tax payments. Further information on estimated tax payments can be found in IRS Publication 505.