**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.**

**DEFERRAL ELECTION FORM**

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

**PARTICIPANT INFORMATION**

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Street Address |  | City State Zip |
| Date of Hire: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |
| --- | --- | --- |
| ( ) |  | ( ) |
| Work Phone |  | Home Phone |

**PARTICIPANT ELECTIONS**

**Elective Deferral Type & Amount**

[ ] I wish to make (check all that apply):

[ ] A pre-tax Elective Deferral (Employee) Contribution in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for plan year \_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] An after-tax Roth Elective Deferral (Employee) Contribution in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for plan year \_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] An after-tax non-Roth After-Tax Contribution in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for plan year \_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] A Profit-Sharing (Employer/Discretionary) Contribution in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for plan year \_\_\_\_\_\_\_\_\_\_\_\_\_.

**STATEMENT OF UNDERSTANDING**

I understand that the combined amount of contributions to the plan may not be more than one hundred percent (100%) of my compensation.

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Signature of Participant/Trustee/Employer |