

INDIVIDUAL 401(k) DEPOSIT

Forward To: 214 West 9th Street
 PO Box 420
 Onaga, KS 66521
 P: 800.521.9897
 F: 913.901.4190
 customerservice@mainstartrust.com

Please Print or Type

PARTICIPANT INFORMATION

Plan Name			
Participant Name		Social Security Number	
Account Number		Federal ID Number	

DEPOSIT INFORMATION

Deposit To: *Complete a separate deposit form if the employer is making contributions to more than one participant.*

Amount of Deposit \$ _____ Date of Deposit _____

Type of Deposit and Amount (check all that apply)

- Employee Pre-Tax Elective Deferral \$ _____
- Employee Roth Elective Deferral \$ _____
- Employee After-Tax Elective Deferral \$ _____
- Employer Profit Sharing Contribution \$ _____
- Rollover of Cash \$ _____

By selecting this transaction, I irrevocably designate this contribution as a rollover.

ROLLOVER OF ASSET

A distribution from an employer sponsored retirement plan that is being deposited into this Individual 401(k).
 By selecting this transaction, I irrevocably designate this contribution as a rollover.

Rollover the assets in the manner described below. **A copy of the most recent statement is required.**

Asset Description	Quantity to be Rolled Over	Rollover In Kind	Dividend Option	
			Reinvest*	Cash
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Default

AUTHORIZED SIGNATURE

Depositor's Signature

Date

Depositor's Printed Name