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**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 & 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: **Copy of recent account statement is required.**

Asset Description	Quantity To Be Rolled Over	Rollover In-Kind	Dividend Option	
			Reinvest*	Cash
_____	_____			
_____	_____			
_____	_____			

\*Default

Depositor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Depositor's Printed Name \_\_\_\_\_