

INDIVIDUAL 401(K) DEPOSIT

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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 _____