

VOLUNTARY AFTER-TAX TO ROTH SOLO 401K

Solo 401k Plan Name: _____ IN-PLAN ROTH

ROLLOVER ELECTION FORM

Participant Name	
Address	
City, State, Zip	
Phone Number	
Social Security Number	
Date of Birth	

This form remains valid for up to 180 days.

I. FORM OF PAYMENT

In order to rollover account balances the account must be eligible for an in-plan Roth rollover under the terms of the plan. Please note that some payments are not eligible for rollover such as required minimum distributions and Hardship distributions. Investments currently in a Roth Account will not be included in an in-plan Roth rollover.

I wish to rollover the following amount:

From Aft-Tax Account; Basis: \$ _____ And Gains:\$ _____

I wish to rollover the following asset type and confirm that the asset(s) have been appraised prior to the in-plan Roth conversion to ensure correct tax payment resulting from the conversion.

Name and Total Value of Asset being converted: _____ \$ _____

II. SIGNATURES

I hereby request a withdrawal as indicated under Section I. I hereby certify that the information above has been examined by me and that the information contained on this form is, to the best of my knowledge, accurate. I agree to provide any additional information that may be necessary to process my request. I have received a "YOUR ROLLOVER OPTIONS" form which explains the tax consequences of the inservice distribution. I understand that a rollover to a Roth account may be subject to taxation.

Dated _____, 2020.

Participant's/Trustee's Signature