


# Trust Company of America Form Guide

## SOLO 401(k) Plan Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

**Trust Company of America**  
**SOLO 401(k) PLAN ACCOUNT APPLICATION**



**SECTION 1: Account Type**

**A. ACCOUNT TYPE**

Select one:

New Trust Company Plan Account  
 New Plan Account for an Existing Plan  
 Additional Participant Account for an Existing Trust Company Plan

*Note: If you will not be adopting the Trust Company of America Solo 401(k) Plan, do not use this application and complete the "Qualified Plan Custodial Account Application" form.*

**B. ROTH PROVISION**

Yes, I elect a Roth provision for my account.

**C. ADDITIONAL REQUIREMENTS**

Refer to Section 1C in "General Instructions" for additional documentation requirements.

**SECTION 2: Employer**

**A. EMPLOYER INFORMATION**

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Federal Tax Identification Number (EIN) \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**B. STREET ADDRESS, if applicable**

Mailing address is business street address

Business Street Address (no P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**C. TYPE OF BUSINESS**

Select one:  Sole Proprietorship  Partnership  Corporation  
 Other

If Other, Specify Type \_\_\_\_\_

Business Activity \_\_\_\_\_ IRS Business Activity Code \_\_\_\_\_

**D. TRUST COMPANY ACCOUNT NUMBER (if applicable)**

If you are adding an additional owner or spouse participant to an existing Trust Company Solo 401(k) Plan Account, enter the account number for the existing participant account.

Trust Company Account Number \_\_\_\_\_

Trust Company Account Number \_\_\_\_\_

**SECTION 3: Participant Account Owner**

**A. PARTICIPANT ACCOUNT OWNER**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**B. STREET ADDRESS, if applicable**

My mailing address is my residential street address

Residential Street Address (no P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**SECTION 4: Beneficiary(ies)**

**A. MARITAL STATUS**

Select one:  Non-Married  Married

If your spouse is not designated as SOLE primary beneficiary, your spouse must sign below. *Note: Your spouse must also consent to subsequent change of beneficiary designation if they are no longer the sole primary beneficiary.*

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**B. BENEFICIARY(IES)**

I hereby designate the following person(s) as my beneficiary(ies).

1. Select one:  Primary Beneficiary

Beneficiary Name \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Percent of Account Balance \_\_\_\_\_


1. Complete (1a) select an account type and if applicable, select Roth provision (1b).
2. Complete employer information (2a) and select type of business (2c).
  - If mailing address is not a business street address, complete Section 2B.
3. Complete participant information.
4. Complete beneficiary information.

# Trust Company of America Form Guide

## SOLO 401(k) Plan Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

**Trust Company of America**  
**SOLO 401(k) PLAN ACCOUNT APPLICATION**



**SECTION 4: Beneficiary(ies) Continued**

2. Select one:  Primary Beneficiary  Contingent Beneficiary

Beneficiary Name \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Percent of Account Balance \_\_\_\_\_

3. Select one:  Primary Beneficiary  Contingent Beneficiary

Beneficiary Name \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Percent of Account Balance \_\_\_\_\_

Additional beneficiary information provided. Note: Complete the "Additional Information Application Addendum" form.

No beneficiaries designated with this application. Note: If there is no valid beneficiary information designated, estate will be the beneficiary.

**SECTION 5: Account Funding**

Select all that apply:

**By check.** Enclose a check payable to Trust Company of America. The check must be dated on or after the plan effective date.

Check Amount (\$) \_\_\_\_\_

**By federal wire.** Notify your Investment Advisor in advance. Wires may only be sent on or after the plan effective date.

**By systematic contributions by check.** Make arrangements for checks to be sent by your employer to Trust Company of America. Specify deposit instructions identifying Employer and Employee contributions.

**By systematic ACH contributions.** Provide systematic ACH contribution and bank information in Section 6.

**Transferring from another custodian or financial institution.** Include a completed "Transfer Request" form for each transferring account. Attach contribution history if transferring an existing plan.

Note: Trust Company will not accept checks or wires received or dated before the execution date (plan effective date) on the plan documents. The plan documents must also be on file with Trust Company prior to receiving any funds (or the plan documents must be received with the initial check funding the account).

**SECTION 6: Systematic Contribution (optional)**

**A. SYSTEMATIC ACH CONTRIBUTION**

**IMPORTANT:** SOLO 401(k) contributions made through a systematic ACH contribution will be credited as contributions for the year in which they are received. It takes approximately 7 days from receipt of this form for the systematic contribution to be activated.

Amount of Contribution (\$) \_\_\_\_\_

Month to Begin Contribution (see note above) \_\_\_\_\_

Frequency of Contribution:  
Select one:  Monthly  Quarterly  Semi-annually  Annually

Day of Month to Withdraw Contribution:  
Select one:  5th  25th

**B. BANK INFORMATION**

Select one:  
 Voided check provided in lieu of bank information  
 Checking account with the bank information below  
 Savings account with the bank information below

Bank Name \_\_\_\_\_ ABA (Routing) Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Account Number \_\_\_\_\_

**SECTION 7: Interested Third Party (optional)**

Complete if you would like information provided to a third party. Note: You, your investment advisor, and your representative automatically receive statements, deposit confirmations, tax forms, and online account access.

Select all that apply:  Statements  Deposit Confirmations  Tax Forms  Online Account Access

Interested Party Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Additional interested third party information provided. Note: Complete the "Additional Information Application Addendum" form.

4 Continued

- For more than three beneficiaries, check the Additional Information box and include an Additional Information Application Addendum.
- If no beneficiaries check the No Beneficiaries box.
- 5. Select how account will be funded.
- 6. Optional
- 7. Optional

TCISOLOK101.2.0511  
7103 South Revere Parkway, Centennial, CO 80112 • 303-705-8000 • Member FDIC


Page 5 of 9

# Trust Company of America Form Guide

## SOLO 401(k) Plan Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

### Trust Company of America SOLO 401(k) PLAN ACCOUNT APPLICATION



**SECTION 8: Electronic Delivery and Statement Family (optional)**

**A. ELECTRONIC DELIVERY (e-delivery)**

With your consent Trust Company can electronically deliver a growing number of account documents including your account statements, reports, and required notices. In order to elect e-delivery you must maintain a valid email address with Trust Company and have access to a computer to retrieve the documents through a secure account login. By consenting to e-delivery of documents you agree to receive any or all required notices through e-delivery as well as your statements. You may withdraw your consent at any time either online through your account or in writing.

I consent to e-delivery of statements and other account documents.

**B. STATEMENT FAMILY**

*Note: If creating a new or adding to a current Statement Family, provide the account information below.*

Select one:

Create a new Statement Family  
 Add to current Statement Family

Trust Company Account Number of Primary Account Holder \_\_\_\_\_

Account Title \_\_\_\_\_

Last 4 digits of Social Security or Tax Identification Number \_\_\_\_\_

Investment Advisor \_\_\_\_\_

As account owner of the primary account, I hereby acknowledge the request to add accounts to my statements. I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action.

Primary Account Holder Authorization \_\_\_\_\_

**SECTION 9: Plan Trustee**

**A. TRUSTEE INFORMATION**

Select one:

Trustee name is on the Trust Company Adoption Agreement  
 Trustee name is on the existing plan documents

Trustee Name \_\_\_\_\_

Trustee Signature \_\_\_\_\_

Trustee Name \_\_\_\_\_

Trustee Signature \_\_\_\_\_

**SECTION 9: Plan Trustee Continued**

**B. MULTIPLE TRUSTEES AUTHORITY TO ACT (if applicable)**

If more than one trustee, **select one:**  All trustees may act individually  
 All trustees must act jointly

**SECTION 10: Account Management**

As account owner, I am granting the authority to the following Investment Advisor to direct the investment activities of this account:

**A. INVESTMENT ADVISOR**

Firm Name \_\_\_\_\_

**B. REPRESENTATIVE (if applicable)**

Representative Name \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**SECTION 11: Signature**

I have read and agree to be legally bound by the Trust Company of America corresponding Plan Agreements, Adoption Agreement with EGTRRA Amendment, and Account Agreement (Section 12) and I hereby appoint Trust Company of America to serve as custodian of my custodial account.

I have read and understand Trust Company of America's Client Privacy Information (Section 13) and Truth in Savings Disclosure (Section 14).

I have considered the concept of "employer" under Internal Revenue Service Code § 414 and confirm that this entity is an owner-only firm which can establish and maintain a Solo 401(k) plan. Trust Company of America must be informed immediately upon the hiring of an employee (except for the spouse of the owner) since the plan will no longer qualify as a Solo (k) plan.

I understand that the amount of the systematic contribution, if any, will remain the same until I submit a request to make a change. I certify that I have full authority to request monies be withdrawn from the bank account provided. I attest that the amount of the contributions will not exceed allowable limits into the plan and I maintain all responsibility in monitoring these contributions to ensure that contributions are not being made that will disqualify the plan. In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

- 8. Optional
- 9. Complete trustee information.
- 10. Enter investment advisor firm.
- If applicable, complete client representative information.

# Trust Company of America Form Guide

## SOLO 401(k) Plan Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

11. Have plan administrator and participant sign, date, and print name.

### Trust Company of America SOLO 401(k) PLAN ACCOUNT APPLICATION

**SECTION 11: Signature Continued**

**STATEMENT FAMILY AUTHORIZATION**

I authorize Trust Company of America to affiliate my account statement to the party listed as primary account in Section 8B. I understand I will no longer receive a statement as a result of this action.

I understand that the primary account of the family is electing the method of delivery and that the primary account can designate a new primary account without further authorization from the other family members.

I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action. If at some later time I wish to discontinue having my statement sent to the primary account, I must send new written instructions to Trust Company of America to make this change.

Plan Administrator (if not Employer/Employee) Date

Participant Account Owner Signature Date

**SECTION 12: Account Agreement**

I hereby request that Trust Company of America, ("Custodian"), a trust company organized under the laws of the State of Colorado and having its principal place of business in Centennial, Colorado, open a custodial account in the names listed as Account Owner ("Owner") on this Trust Company of America Account Application ("Application"). The Owner has selected an investment advisor ("Investment Advisor") as indicated on the Application to manage the assets in the account. The Investment Advisor is an agent of the Owner and is not an agent of the Custodian. The Owner selects the Custodian to furnish system and account services to the Owner on the terms and conditions hereinafter set forth.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Owner and Custodian agree with each other as follows:

- A. **Account Record Keeping** – Custodian shall maintain the account on its computerized system, which provides within each account cash postings, investment activity, account assets, account contributions and account distribution records.
- B. **Preparation of Statements and Reports** – Custodian shall provide Owner and Investment Advisor with periodic statements of account activity and fee billings. Custodian shall provide such further statements and reports as reasonably requested by the Investment Advisor. Custodian provides account statements to assist the Owner and Investment Advisor in the monitoring of the account but the Custodian has no duty to supervise or monitor the account or the actions of the Owner or the Investment Advisor. Custodian may deliver documents either through the U.S. Mail or if the Owner consents through electronic delivery. Owner consent for electronic delivery of documents includes consent to deliver electronically all written communications including statements, notices, and disclosures. Custodian may, at its discretion, deliver some documents through the U.S. Mail. Owners who consent to electronic delivery will maintain electronic access to receive notices that documents are available including providing a valid email address at all times with the custodian. Owner may withdraw consent for electronic delivery at any time either online or in writing.
- C. **Confirmations** – Confirmations for securities transactions will be provided upon written request by the Owner or the Investment Advisor. Trust Company will provide this information for no additional cost.
- D. **Safeguarding of Property** – Custodian shall be responsible for the safekeeping of the assets in the account. Custodian shall not have any responsibility for assets contributed to the account until such assets are actually received by Custodian. Legal title to assets in Owner's account shall be held on behalf of Owner in the name of Custodian as nominee. Owner shall continue to be the beneficial owner of such assets, and as such may withdraw such assets from the account, vote any such assets constituting securities or delegate the authority to vote such securities to any other person and proceed directly as a security holder against the issuer of any security in Owner's account without being obligated to join Investment Advisor or Custodian as a condition precedent to initiating such proceeding. Custodian shall provide to Owner periodic reporting of securities transactions.
- E. **Transactions** – Owner grants the exclusive authority to the Investment Advisor to direct the investment activities of the account. Owner authorizes the Custodian to accept all Investment Instructions from the Investment Advisor and acknowledges that more than one party may be authorized to request purchases, redemptions and exchanges on the account. Owner acknowledges that if instructions to purchase, redeem or transfer shares are submitted by multiple parties authorized to provide such instructions on the same day or for the same shares, the Custodian is authorized to act on the instructions of either authorized party without having to call either party to confirm or clarify the instructions. Custodian is authorized to collect for the account all interest and other payments of income or principal pertaining to assets held in the account, and to hold, invest, disburse, or otherwise dispose of any and all assets of the account upon the direction of the Owner or the Investment Advisor. The Custodian shall not be responsible for money or other property paid or delivered to any other person upon direction of the Owner or Investment Advisor. All sales and all purchases of securities or other investments made for the account by the Custodian shall be made pursuant to the direction of the Investment Advisor and/or Owner. Custodian shall, unless otherwise instructed in writing by the Owner or the Investment Advisor, have the power to make all trades through broker/dealers it selects (including affiliates) and shall, in any case, have the power to perform any and all other acts that Custodian may deem necessary or appropriate in connection therewith (including paying commissions). Custodian may aggregate contemporaneous transaction orders, although Custodian's records will be kept on an account by account basis. Custodian shall have no responsibility for investment decisions and Custodian shall not be liable for any losses attributable to investments.
- F. **Disbursements** – Custodian shall make disbursements from the account as and when instructed in writing by the Owner. Owner hereby authorizes Custodian to pay investment advisory fees from the account as and when billed by the Investment Advisor. Custodian may be paid from the account as specified in Paragraph 3 of this section or directly by the Investment Advisor for custodial services it is providing hereunder.
- G. **Proxies** – Custodian will facilitate all proxies and accompanying materials solicited by any entity, and all prospectuses issued by any company whose securities are held in the account. ("Shareholder Communications") to be mailed to the Owner within a reasonable period of time after the receipt of such Shareholder Communications by Custodian unless otherwise directed in writing by the Owner. Either Owner or Investment Advisor will have the sole responsibility for voting and/or executing all Proxies. Custodian shall be under no duty to determine how, or if, Proxies are voted or to take any other action in connection with any Shareholder Communication. The Custodian will be under no obligation to forward or return any other corporate material received on behalf of the Plan unless required by law except to the extent outlined in this section.
- H. **Sweep Account** – Uninvested cash, the investment of which has not been otherwise directed by the Owner or Investment Advisor, shall be invested in a "sweep account." The sweep account will be a savings account, certificate of deposit, time deposit, or similar investment of the Custodian (or an affiliate of the Custodian) which is insured by Federal Deposit Insurance up to \$250,000 per client. **Investment Products: Not FDIC Insured – No Bank Guarantee – May Lose Value.**
- I. **Availability of Funds** – Deposits made by check may be held until we receive notification from the issuing Financial Institution that funds have cleared.
- J. **Federal Deposit Insurance** – Federal Deposit Insurance, up to \$250,000 per client. **Investment Products: Not FDIC Insured – No Bank Guarantee – May Lose Value.**

**Trust**  
Trust Company of America

TCISOLOK101.2.0511  
7103 South Revere Parkway, Centennial, CO 80112 • 303-705-8000 • Member FDIC

Page 7 of 9

Form Guide TCISOLOK101.2.0511

Page 4 of 4