

Election Form for After-Tax Rollover to Roth 401k

Solo 401k Plan Name: _____

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

This election form documents an in-plan rollover from an After-tax 401k contribution to a Roth 401k contribution. The plan sponsor acknowledges that the 401k plan must be eligible for an in-plan Roth rollover. Certain payments are not eligible for rollover, such as required minimum distributions and hardship distributions. Investments that are currently in a Roth Account will not be included in an in-plan Roth rollover. This form remains valid for up to 180 days.

I wish to rollover the following amount:

From After-Tax Account; Basis (gross conversion): \$ _____

Gains (if applicable): \$ _____

Tax year: _____

I hereby request a conversion for the amount indicated above. I 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, complete and accurate. I agree to provide any additional information that may be necessary to process my request. I understand the tax consequences of this in-plan distribution and I acknowledge that if the conversion is not completed accurately it may be subject to taxation. I understand that Emparion does not provide tax advice as it relates to this transaction and that I will have this transaction review by the applicable tax and/or legal professionals. I understand that I will receive a form 1099-R that will reflect the above conversion.

Date: _____

Participant's/Trustee's Signature: _____