_____

Name of the Plan

Investment Authorization Form

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security # XXX-XX -_____

Address: _____ Date of Birth: _____

City: _____ State: _____ ZIP Code: _____

Marital Status: ☐ Married ☐ Single

Account or Plan Number _____

Part II. Investment Information:

Choose One: ☐ Buy ☐ Sell

☐ Mobile Home: _____ _____ _____ _____

Identification Number (e.g., VIN#) Year Make Model

☐ Options: _____ _____ _____ _____

Address City State Zip Code

☐ Land Contract: _____ _____ _____ _____

Address City State Zip Code

☐ Equipment Lease: _____

Type of Equipment

☐ Oil & Gas Ventures: _____ _____

Name of Venture Working Interest %

☐ Other: _____

Description

Part III. Amount of the Asset:

Amount of this asset will be Owned/Sold by this Solo 401k? $ _____ (or percentage _____%)

Part VI. Plan Administrator Signature:

_____ _____

Plan Administrator Date