_____

Name of the Plan

Profit Sharing Contribution 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. Profit Sharing Contribution:

I hereby authorize Profit Sharing Contribution in the amount of $_____ for the plan year ending _____ for the above-named plan participant.

Part III. Pla n Administrator Signature:

_____ _____

Plan Administrator Date