

# SOLO 401(k) WITHDRAWAL REQUEST

Contact Center: (800) 248-8447 | www.ForgeTrust.com

Complete this form if you wish to take a withdrawal of your funds and/or assets from your Solo 401(k) retirement account. Please consult your tax advisor to determine tax consequences, if any, as a result of taking a withdrawal. Your Plan Administrator is responsible for all tax reporting as a result of this withdrawal.

Check this box for PRIORITY PROCESSING (1-2 business days).

Priority Processing fee of \$250 will apply if selected. Normal Processing will take 3-5 business days if in good order.

## 1. PERSONAL INFORMATION (\*required field)

Should we need to contact you regarding this request, your preferred method of contact is:

Email

**Primary Phone** 

First Name*		Middle Name	Last Name*
Account Number*		Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX		Email* (Your personal email only)	
Citizenship*:	US Citizen	Resident Alien	

## 2. WITHDRAWAL INSTRUCTIONS

I authorize Forge Trust Co. to withdraw the funds from my solo 401(k) account and send me the net amount (less any fees) by the method selected:

Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

		apply. An account termination fe		
I elect to be invoiced for the my account. I understand I v I have available cash, the fe	e account closure fees to allow will receive an email to notify a ees will sweep from cash to pr	or me up to 5 days to pay by debit me once the fees have been ass roceed with my request.	t or with credit card of sessed before I can p	online rather than use the availab pay online. If I do not pay within 5
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\$	gross of current available of	cash (Put "All" to indicate all available	e cash less fess and mi	inimum cash balance)
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# 3. DELIVERY INSTRUCTIONS (default is by check if no option is selected below) I authorize Forge Trust Co. to withdraw the funds from my solo 401(k) account and send me the net amount by the method selected. Check to my current address of record (disbursement fee applies) Send via (select one): Regular mail Overnight mail (overnight delivery fee + shipping cost\* apply) \*Charge cost to FedEx/UPS account: If no account # is provided, it will be billed to your IRA account at cost and sent via FedEx. Bank Name\*: Bank Address\*: Bank Phone Number\*: Attention:

Wire

(disbursement fee + outgoing wire fee apply)

Bank Name*:	
Bank Address*:	
Bank Phone Number*:	Attention:
ABA (wire routing number)*:	
Account Name*:	
Account Number*:	
Credit - Name on Account:	
Credit - Account Number:	

As set forth in my Forge Trust Co. Agreement, I hereby elect and acknowledge the foregoing withdrawal. I acknowledge that Forge Trust Co. and its representatives do not provide tax, legal or investment advice and I assume full responsibility of this withdrawal. I acknowledge that Forge Trust Co. may contact me for verbal confirmation of my instructions, which may cause delays if I cannot be reached at the phone number on record.

Participant's Signature	Date (MM/DD/YYYY)
×	

ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

Please sign and submit additional documents as required.

## **DELIVERY INSTRUCTIONS**

Please submit your request by one of the methods provided.

**Email** distributions@ForgeTrust.com

**Fax** (650) 745-1403

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San Francisco, CA 94111