

Solo 401(k) Plan Systematic and One-time ACH Loan Payment Request



Account Number _____

SECTION 1: Participant Information

First name _____ Middle Initial _____ Last Name _____ Last Four Digits of Social Security Number _____

Plan Name _____

SECTION 2: Request Type

Note: This form cannot be used to make Qualified Plan contributions.

Establish or Change - Select one:

- Request one-time ACH loan payment
- Establish systematic ACH loan payment
- Change systematic ACH loan payment

Cancel the systematic loan instructions listed below:

Cancel Schedule _____ Cancel Amount _____

SECTION 3: Loan Payment Information

A. Loan payment amount \$ _____

B. Systematic information, if applicable:

First loan payment on _____
Month _____ Date _____ Year _____

Last loan payment on _____
Month _____ Date _____ Year _____

Frequency of loan payments – Select one: Monthly Quarterly

Important: It takes approximately 7 days from receipt of this form by Axos Advisor Services for the systematic loan payments to be activated.

SECTION 4: Bank Information

Select one: Checking Account Savings Account

Select one: Voided check provided Bank on file Bank information provided below:

Bank Name _____ Name on Bank Account _____

ABA (Routing) Number _____ Account Number _____

SECTION 5: Signatures

A. Authorized Party/Trustee and Participant Signatures, required

In signing, each party hereby acknowledges and agrees as follows:

- To authorize these one-time or systematic loan payments into the Axos Advisor Services Solo 401(k) account referenced above. You understand that the amount of the loan payment will remain the same unless the loan payment end date is provided above or you submit a new Solo 401(k) Plan Systematic and One-time ACH Loan Payment Request.
- Authorized Party/Trustee is responsible for, among other things, the following but not limited to: monitoring participant loans to ensure that such participant repayments are made timely; recordkeeping and reconciling the loan payments against the amortization schedule; maintaining records in the event of an audit; verifying that loan payments are successfully debited from your bank account and deposited into the appropriate account at Axos Advisor Services.

Account Number: _____

- In the event there is an error, you will contact the Investment Advisor to rectify any potential errors. You understand that Axos Advisor Services is not responsible for and will be held harmless for any errors or delays in posting loan payments.
- That the origination of ACH transactions to the Plan and/or listed account must comply with the provisions of applicable Federal and State law, rules, and regulations, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.
- To jointly and severally indemnify and hold harmless Axos Advisor Service, its successors and assigns, its affiliates, and its and their directors, officers, employees, and agents (each an "Indemnified Party") from and against any losses, claims, liabilities, damages, actions, charges, costs, and expenses including attorney fees, and to pay any Indemnified Party's defense costs and expenses resulting or arising from, in connection with, or incident to, your instructions, authorizations, representations, or other statements provided herein.

x

Authorized Party or Trustee Signature	Print Name	Date
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x

Participant Signature	Print Name	Date
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B. Bank Account Owner Signature(s), if applicable

Each of the parties signing below are individuals that are authorized to request monies be withdrawn from the bank account indicated in Section 4, and that are authorizing this transaction to establish ACH payment(s) to the Plan named above.

x

Bank Account Owner Signature	Print Name	Date
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x

Bank Account Owner Signature	Print Name	Date
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x

Bank Account Owner Signature	Print Name	Date
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x

Bank Account Owner Signature	Print Name	Date
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GENERAL INSTRUCTIONS

Use these instructions to complete the Solo 401(k) Plan Systematic and One-time ACH Loan Payment Request form made available by Axos Advisor Services.

Purpose of this form

This form is required to initiate one-time or systematic loan payments into a Solo 401(k) Plan. Use this form to establish, change or cancel systematic ACH loan payment instructions for an existing Solo 401(k) Plan.

Use this form for:

- Solo(k) accounts
- Solo(k) Roth accounts
- **You must complete all required fields, unless designated as 'if applicable'.** 'If applicable' indicates the section or entry is required only if certain conditions apply. These conditions are outlined in detail in these instructions.
- **To expedite processing and to avoid requests for additional information, provide all required additional forms and documentation as detailed in these instructions.**
- **Print or type all entries.** Print clearly in all CAPITAL LETTERS to complete this form. To complete the form online or electronically, use the fillable PDFs available through Liberty and at <https://www.axosadvisorservices.com/Forms-and-Applications/>.

SECTION 1: Participant Information

Enter the participant information and plan name for this account exactly as it appears on your Axos Advisor Services Account. For new accounts, enter the account name exactly as it is written on the application form.

SECTION 2: Request Type

Check the appropriate box to indicate the type of action you want to take with this form.

Note: It may take up to 7 days from the receipt of this form by Axos Advisor Services for the systematic loan payment to be activated, changed or canceled

Note: This form cannot be used to make Qualified Plan contributions.

Establish or Change. Provide information in Section 3 and Section 4 as applicable.

Cancel the systematic loan instructions below. To cancel a systematic loan payment, indicate the loan payment amount and the deposit schedule of the systematic payment.

SECTION 3: Loan Payment Information

- A. Loan payment amount.** Provide the loan payment amount reflected on your amortization schedule. In the event you need to payoff the loan or make multiple payments via one-time ACH request, it is a best practice to maintain the records to ensure payments are tracked against the amortization schedule.
- B. Systematic information.** If applicable, provide the date when you wish to start systematic loan payment, the date of the last systematic loan payment, and the frequency of the payments.

Important: The first contribution may be delayed to the next scheduled date if this form is received less than 8 days before the first requested deposit.

If the selected day of the month for loan payment is the 29th, 30th or 31st, please note that the loan payment will be made on the last business day of the month.

SECTION 4: Bank Information

Complete this section to request one-time ACH loan payment, establish or change systematic loan payments.

- If you select either Checking Account or Savings Account, enter your banking information.
- If you select the Voided Check Provided box, provide a blank check with this form.
- For an ACH, if checking or savings account is not selected, we will default to checking account.

Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.

Important: If the name on the bank account is different from the name on the Axos Advisor Services account, you must provide written proof of authorization.

SECTION 5: Signatures

- A. Authorized Party/Trustee and Participant Signatures, required.** Both authorized party's or trustee's and participant signatures are required.
- B. Bank Account Owner Signature(s), if applicable.** If the persons signing Section 5A do not have authority to request monies be withdrawn from the bank account listed in Section 4, the bank account owner(s) must sign to authorize the transaction. If the bank account requires more than one signature, please provide additional signatures in the space provided. If bank account owner is a business, please provide a Corporate Resolution dated within 6 months.

Return your completed form as instructed by your Investment Advisor or your client representative. Questions regarding this form should be directed to your Investment Advisor.