



Solo(k) account request

Requesting a Solo(k) account is a simple process that starts here.

- 1 Fill out this online form and submit to generate PDF.
- 2 Download and print the completed form for the account holder to sign.
- 3 Mail the signed form with the BD1 and POL45 Disclosure form to Primerica.

Once the plan is approved, the account holder will receive a plan package that will need to be digitally signed to complete the process.

[Get started](#)

Have questions? Call us at 866-634-5873 | Select option 2 and then option 2 again | or email us at PFS@pcsretirement.com



Before you start

The following Solo(k) request form will take roughly 10-15 minutes to complete and submit.

Please note: You must complete the entire form. If you exit before submitting, you will have to start again.

You will need to have the following information ready before you start the request process:

- Advisor contact information
- Investment selection and election percentage
- Plan information and contacts
- Statement preferences
- Account holder information

Start

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Advisor information

Please provide your CRD number, name, email, and rep code.

CRD #

[Find my CRD #](#) 

Your CRD #

Name and email

First

Last

Email

Rep code

Rep Code

Continue

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Plan information

What type of plan is this?

☒ Start-up ☐ Conversion

Legal plan name

Plan number

Enter the plan name

001

Please ensure the spelling, puncutation and capitalization is correct for the plan name.

If this is the first qualified retirement plan the account holder has sponsored enter 001. If they have sponsored any other qualified retirement plan, enter as appropriate, i.e., 002, 003.

Plan effective date

MM/DD/YYYY



If this is a start-up plan, effective date can not be sooner than current fiscal year.

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Plan information

What type of plan is this?

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Enter the plan name

001

Please ensure the spelling, puncutation and capitalization is correct for the plan name.

If this is the first qualified retirement plan the account holder has sponsored enter 001. If they have sponsored any other qualified retirement plan, enter as appropriate, i.e., 002, 003.

Plan effective date

Assets (\$)

MM/DD/YYYY



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Provider information

Please note that our team will not contact the plan's current provider until after it has received written notification of the conversion of the plan.

Current provider

Provider name

Choose current provider



Current third party administrator (TPA)

Is there an outside TPA on the existing Solo(k) plan?

☐ Yes ☐ No

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Provider information

Please note that our team will not contact the plan's current provider until after it has received written notification of the conversion of the plan.

Current provider

Provider name

Provider not listed

Company information

Company

Street address

City

Select state

Zip

Current third party administrator (TPA)

Is there an outside TPA on the existing Solo(k) plan?

☒ Yes ☐ No

TPA name

TPA not listed

Company information

Company

Street address

City

Select state

Zip

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Account holder information

Name and email

First	Last
-------	------

Email

Date of birth

MM/DD/YYYY	
------------	-------------------------------------------------------------------------------------

Social security number

XXX	XX	XXXX
-----	----	------

Date of hire

MM/DD/YYYY	
------------	-------------------------------------------------------------------------------------

Phone

XXX-XX-XXXX

Owner information


Percentage owned

<input checked="" type="checkbox"/>	This account holder is also the owner
-------------------------------------	---------------------------------------

1-100%

Please indicate if the owner is part of a controlled group or affiliated service group. Please list any members of such groups below.

- ☒ No controlled or affiliated service group exists
- ☐ Controlled group exists
- ☐ Affiliated service group exists

What is a controlled group and affiliated service group? 

Continue

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Account holder information

Name and email

First

Last

Email

Date of birth

Social security number

MM/DD/YYYY



XXX

XX

XXXX

Date of hire

Phone

MM/DD/YYYY



XXX-XX-XXXX

Owner information

Percentage owned


☒

This account holder is also the owner

1–100%

Please indicate if the owner is part of a controlled group or affiliated service group. Please list any members of such groups below.

- ☐ No controlled or affiliated service group exists
- ☒ Controlled group exists
- ☐ Affiliated service group exists


[What is a controlled group and affiliated service group?](#) 

Legal name

Name

Street address

City

Select state 

Zip

Federal tax ID

Fiscal year-end

Tax ID #

MM/DD

Continue

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Company information

Business information

Company name

Street address

City

Select state ▼

Zip

Add mailing address

Employer identification number (EIN)

Fiscal year-end

EIN #

select ▼


[Don't have an EIN? Apply for one today](#) 

Type of entity

Business code

Select type of entity ▼

Code

[Don't know your business code?](#) 

Continue

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Other retirement plans

Please indicate if the account holder currently maintains or has maintained any other retirement plan that is not subject to this agreement within the last five years.

☒ Yes ☐ No

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Investment selection

Enter your total election percentage for each fund selected. Your total election must total 100%.

Fund name	Percent (%)
<div>Choose fund ▼</div>	<div>1–100%</div>
<div>+ Add Fund</div>	

[View Franklin Templeton
Solo\(k\) Investment Options](#)



Total election: 0%

Continue

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Have questions? Call us at 866-634-5873 | Select option 2 and then option 2 again | or email us at PFS@pcsretirement.com

Fund Contributions

By completing the following information, Client has authorized PCS Retirement and Franklin Templeton Investments, or their authorized agent to initiate contributions or deposits to the Client's Plan Account.

How will contributions be funded to the plan?

- ☒ Check - Check sent by participant
- ☐ ACH transfer – initiated by PCS Retirement

Deposit instructions for check

Please note that if a check is not made payable in the above manner, Matrix Trust Company cannot guarantee the bank will accept the check for deposit.

Rollover forms and investment instruction should be communicated to the TPA/Recordkeeper

Plan Contribution Checks

Make checks payable to: Matrix Trust Company FBO Enter Plan Name

Rollover Contribution Checks

Make checks payable to: Matrix Trust Company FBO Enter Plan Name FAO (participant name)

Reference Line For All Checks

Enter Matrix Plan Account Number

Contribution check mailing instructions - Matrix Phoenix Lockbox

Standard Mail:

Matrix Trust (Phx)
P.O. Box 21196
New York, NY 10087-1196

Overnight Mail: (must be received by 12pm ET for same-day credit)

JPMorgan Chase - Lockbox Processing
Attn: Matrix Trust (Phx) - Lockbox 21196
4 Chase Metrotech Center, 7th Floor East
Brooklyn, NY 11245

Contributions

You will be able to contribute as frequently as you would like, once you are provided access to your account.

Would you like us to setup a frequency for your contributions?

- ☒ Yes
- ☐ No

Frequency of contributions

- ☐ 4 contributions per month - Provide dates (ex: dd)
- ☐ 2 contributions per month - Provide dates (ex: dd)
- ☐ 1 contribution per month - Provide date (ex: dd)
- ☐ 1 contribution per quarter - Provide dates (ex: dd/mm)
- ☐ 1 contribution per year - Provide dates (ex: dd/mm)

dd/mm

dd/mm

dd/mm

dd/mm

Provide the amount that needs to be processed based on the frequency selected

Roth Post Tax:

\$ Dollars

Traditional Pre Tax:

\$ Dollars

Employer Match:

\$ Dollars

Profit Sharing:

\$ Dollars

Total Contribution: \$ 0

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Fund Contributions

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How will contributions be funded to the plan?

- ☐ Check - Check sent by participant
- ☒ ACH transfer – initiated by PCS Retirement

Financial Institution

Includes credit unions from which debits are to be made. Mutual fund accounts and brokerage accounts are not eligible financial institutions. The bank routing number is a nine-digit number which you must obtain from your financial institution.

Financial institution information

Financial institution name

Street address

City

select

▼

Zip

Bank Account Number

Bank Routing Number

Type of Account

- ☒ Checking
- ☐ Savings

Contributions

You will be able to contribute as frequently as you would like, once you are provided access to your account.

Would you like us to setup a frequency for your contributions?

- ☒ Yes
- ☐ No

Frequency of contributions

- ☐ 4 contributions per month - Provide dates (ex: dd)
- ☐ 2 contributions per month - Provide dates (ex: dd)
- ☐ 1 contribution per month - Provide date (ex: dd)
- ☐ 1 contribution per quarter - Provide dates (ex: dd/mm)
- ☐ 1 contribution per year - Provide dates (ex: dd/mm)

dd/mm

dd/mm

dd/mm

dd/mm

Provide the amount that needs to be processed based on the frequency selected

Roth Post Tax:

\$ Dollars

Traditional Pre Tax.

\$ Dollars

Employer Match:

\$ Dollars

Profit Sharing:

\$ Dollars

Total Contribution: \$ 0

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Additional account holders

Are there any additional account holders for this account?

☒ Yes ☐ No

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Additional account holder information

Name and email

<input type="text" value="First"/>	<input type="text" value="Last"/>
<input type="text" value="Email"/>	

Date of birth



Social security number

<input type="text" value="XXX"/>	<input type="text" value="XX"/>	<input type="text" value="XXXX"/>
----------------------------------	---------------------------------	-----------------------------------

Date of hire



Phone

Does the other account holder want to elect different investments than the primary account holder?

☒ Yes ☐ No

Fund name

Percent (%)

+ Add fund

[View Franklin Templeton Solo\(k\) Investment Options](#)



Total election: 0%

+ Add participant

Continue

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Additional owners

Are there any additional owners for this account?

☒ Yes ☐ No

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Additional owner information

Owner name

Percentage owned

Name

1–100%

+ Add owner

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Account holder statements and agreements

The client has the option of having statements both mailed directly to the account holder(s) and posted to the their account website or only posted to the their account website. Please select the desired distribution method below.

- ☐ **Paper statements and e-statements** - Paper statements will be mailed directly to the account holder(s) via regular U.S. mail and post e-statements on their account website. Postage and fulfillment expenses apply.
- ☐ **E-statements** will be posted via the account website (www.pcsretirement.com) only. Please note that an e-mail address for each eligible employee must be provided with this option, and the account holder(s) with a workplace email address must provide a personal email address upon termination of employment. Please note that the account holder(s) have the right to request and obtain, free of charge, a paper version of the pension benefit statement information required under the Employee Retirement Income Security Act of 1974 ("ERISA") §105 and Department of Labor ("DOL") Regulation §2550.404a-5.

- ☐ I agree that all the information I have provided is accurate
- ☐ I agree to provide each of these agreements to the account holder(s)

[Service Agreement with PCS Retirement, LLC](#)

[Custodial Account Agreement with AdvisorTrust, Inc.](#)

[Schedule of Ancillary Services - Exhibit A](#)

Submit

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MASTER RETIREMENT PLAN SERVICES APPLICATION

(For Tax-Qualified Defined Contribution Plans)

This Master Retirement Plan Services Application ("Application") is submitted by the client/plan sponsor identified below ("Client" or "You"), an entity or individual that has the authority to bind the retirement plan identified below ("Plan") to the terms of this Application and the enclosed agreements ("Agreements"), to PCS Retirement, LLC ("PCS"), a provider of recordkeeping and administration services for a wide variety of employee benefit plans, and AdvisorTrust, Inc. ("AdvisorTrust"), a South Dakota chartered trust company, regarding the provision of services to the Plan.

1. Client Information (Plan Sponsor Information)

Name of Client: Tes Part

Address: 123 Main St

City, State, Zip: Tampa , Florida 33626

Employer Identification Number: 123456

[Finish & download](#)[Cancel](#)

information required under the Employee Retirement Income Security Act of 1974 ("ERISA") §105 and Department of Labor ("DOL") Regulation §2550.404a-5.

☒ I agree that all the information I have provided is accurate☒ I agree to provide each of these agreements to the account holder(s)[Service Agreement with PCS Retirement, LLC](#)[Directed-Trustee Agreement with AdvisorTrust, Inc.](#)[Custodial Account Agreement with AdvisorTrust, Inc.](#)[Schedule of Ancillary Services - Exhibit A](#)[Sample Board Resolution](#)[Submit](#)[Go back](#)

Have questions? Call us at 866-634-5873 | Select option 2 and then option 2 again | or email us at PFS@pcsretirement.com



Thank you

✓ Fill out this online form and submit to generate PDF.

Download and print the completed form for the participant to sign.

Mail the signed form with the BD1 and POL45 Disclosure form to Primerica.

Close

☐ **E-statements only** - PCS Retirement will post e-statements via the PCS participant website (www.pcs401k.com) only. Please note that an e-mail address for each eligible employee must be provided with this option, and participants with a workplace email address must provide a personal email address upon termination of employment. Please note that participants have the right to request and obtain, free of charge, a paper version of the pension benefit statement information required under the Employee Retirement Income Security Act of 1974 ("ERISA") §105 and Department of Labor ("DOL") Regulation §2550.404a-5.

☒ I agree that all the information I have provided is accurate.

☒ I agree to provide each of these agreements to the account holder(s)

Service Agreement with PCS Retirement, LLC

Directed-Trustee Agreement with AdvisorTrust, Inc.

Custodial Account Agreement with AdvisorTrust, Inc.

Schedule of Ancillary Services - Exhibit A

Sample Board Resolution

Submit

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