



Solo 401k APPLICATION

Please return to: 10300 SW Greenburg Rd., Suite 465
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admin@iraadvantage.net

Applicant Information:

First Name

MI

Last Name

Phone

Street Address

Social Security #

WE WILL CALL

City, State, Zip Code

County

Date of Birth (mm/dd/yyyy)

Email Address

Married?

Y

☐

N

☐

Solo 401k Plan Information:

Company Year End

Plan Name: _____

Effective Date

Plan Address: _____

Trustee(s) Name & Information:

1. Full Name: _____

Address: _____

2. Full Name: _____

Address: _____

Business Purpose of Plan:

- ☐ Real Estate & Real Estate Related Assets
☐ Lending (startups, existing businesses, etc.)
☐ Securities, stocks, bonds, mutual funds, etc.
☐ Precious Metals
☐ Other: _____

How did you hear about us?

Signature: _____

Date: _____