



CARES Act Repayment Form

Complete the form to document your Solo 401k CARES Act repayments

INFORMATION ON CARES ACT REPAYMENT

(Please read carefully.) You may repay the total outstanding balance of your Solo 401k CARES Act distribution any time within 3 years of the funds withdrawal. If you do not pay back funds in full within 3 years, the IRS will consider funds taxably distributed.

Deposit CARES Act repayments from your personal account (not your business account) directly to your Solo 401k trust bank or brokerage account. Do not send checks to Nabers Group. Keep a copy of your repayment form for your records. Do not send a copy of the repayment form to Nabers Group.

Section A: Plan and Trust Information:

Plan Name

Trust name

Plan Tax ID Number

Daytime Phone Number

Section B: Participant Information

Participant Name

Participant SSN

Participant DOB

Participant Email Address

Participant Address

Section C: CARES Act Information & Authorization

Attached with this form is a check in the amount of \$_____.

Participant Signature

Date

Section D: Plan Representative Signature

Plan Representative Signature

Date