

Retirement Plan Contribution Form

STEP 1. EMPLOYER/PARTICIPANT ACCOUNT NUMBER

Account Number

STEP 2. SELECT PLAN TYPE

For contributions to SEP/SARSEP and SIMPLE IRA accounts, use the IRA Contribution Form or the Asset Movement Authorization Form.

401(k) Profit Sharing Plan 403(b)(7) Money Purchase Pension Plan/Target Benefit Plan 457(b) ORP

Employer/Plan Name

Designated Roth (Not available on a Money Purchase Plan): Yes No

STEP 3. SELECT CONTRIBUTION TYPE

Allocate cash and/or securities as designated to the account(s) listed below.

Check

Check Amount

Check Number

Contribution authorization

I hereby authorize the contribution of cash/securities from the following Pershing account. (You may only contribute securities as a rollover, or as an employer contribution to 401(k), 403(b)(7), 457(b), ORP, and profit sharing accounts.)

Account Number

ACCOUNT NUMBER	EMPLOYER CONTRIBUTION		EMPLOYER MATCH CONTRIBUTION		EMPLOYEE DEFERRAL		401(K) USE ONLY	ROLLOVER (ROC) (List cash/securities) See certification statement below
	CURRENT YEAR (ECN)	PREVIOUS YEAR (ECP)	CURRENT YEAR (EMC)	PREVIOUS YEAR (EMP)	CURRENT YEAR (EDC)	PREVIOUS YEAR (EDP)	<input type="checkbox"/> Qualified Non-Elective contribution (QNEC) <input type="checkbox"/> Qualified Matching contributions (QMAC)	
FACT DEPOSIT CODE (Internal Use Only)	L	P	2	E	1	B	4/5	N



STEP 4. ROLLOVER CERTIFICATION

If I elect to make a rollover contribution to this account, I hereby certify that I understand the rollover rules and conditions as they pertain to the retirement plan indicated above, and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for rollover transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover of funds or other property as rollover contributions.

Required Minimum Distribution Rollover and Transfer Restriction

You may not transfer or rollover required minimum distribution amounts. If necessary, instruct your present custodian to either: 1) pay your required minimum distribution to you now; or 2) retain that amount for distribution to you later.

STEP 5. SIGNATURE AND CERTIFICATION

Participant Signature

Print Name	Date
Signature X	

Trustee/Plan Administrator Signature

Print Name	Date
Signature X	

Make checks payable to: Pershing LLC FBO (Employer/Plan Name) and write the account number from Step 1 on the check. Please return to:

Pershing LLC
 Attention: Retirement Products Department
 One Pershing Plaza
 Jersey City, New Jersey 07399