

A. PLAN INFORMATION

NAME OF PLAN

PLAN TAX IDENTIFICATION

B. PARTICIPANT INFORMATION

PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

B. DEPOSIT INFORMATION

DATE OF DEPOSIT

DEPOSIT FOR WHICH PLAN YEAR

AMOUNT OF DEPOSIT

C. TYPE OF DEPOSIT

Employee contribution

Traditional Roth

Employer Contribution

Rollover Contribution

Non-Deductible/After Tax Contribution

In-Kind Rollover of Investment Asset from a prior IRA or Qualified Retirement Plan (QRP)

Asset Name: _____ Value \$ _____

Name of QRP/Prior Custodian: _____

Liquidation

Plan Name: _____ Amount \$ _____

Partial Liquidation Full Liquidation

D. SIGNATURES

PARTICIPANT SIGNATURE

PLAN ADMINISTRATOR SIGNATURE

DATE