

RETIREMENT PLAN CONTRIBUTION FORM

I. EMPLOYER/PARTICIPANT ACCOUNT NUMBER

ACCOUNT NUMBER: -

II. SELECT PLAN TYPE (For participant IRA contributions to SEP/SARSEP accounts, use the IRA Contribution Form or the Asset Movement Authorization Form)

401(k)
 PROFIT SHARING PLAN
 SIMPLE IRA
 SEP
 403(b)(7)
 MONEY PURCHASE PENSION PLAN/TARGET BENEFIT PLAN
 SIMPLE 401(k)
 SARSEP

EMPLOYER/PLAN NAME: _____

SOCIAL SECURITY NUMBER: - -
 or
 TAXPAYER IDENTIFICATION NUMBER: -

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

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), and profit sharing accounts)

ACCOUNT NUMBER	EMPLOYER CONTRIBUTION			EMPLOYEE DEFERRAL			401(k) Use Only <input type="checkbox"/> Volume After Tax <input type="checkbox"/> QNEC <input type="checkbox"/> QMAC	ROLLOVER (List cash/securities) See certification statement below.
	CURRENT YEAR	PREVIOUS YEAR	EMPLOYER MATCHING	CURRENT YEAR	PREVIOUS YEAR			
FACT Deposit Code <small>(Internal Use Only)</small>	L	P	2	1	B	3 / 4 / 5	N	
JR10 SOURCE CODE <small>(Internal Use Only)</small>	ECN	ECP	EMC	EDC	EDP	VAT / QNE / QMC	ROC	

IV. 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.

AGE 70½ ROLLOVER AND TRANSFER RESTRICTION

If you are the age of 70½ or older in this year, 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.

V. SIGNATURE AND CERTIFICATION

PARTICIPANT SIGNATURE: _____ DATE: _____

TRUSTEE/PLAN ADMINISTRATOR SIGNATURE: _____ DATE: _____

Make checks payable to: Pershing LLC FBO (Employer/Plan Name) and write the account number from *Section I* on the check.

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



RPD-1 CTRB