

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 (Internal Use Only)	L	P	2	1	B	3 / 4 / 5	N
JR10 SOURCE CODE (Internal Use Only)	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:
Shareholders Service Group
9845 Erma Road, Suite 312
San Diego, CA 92131
(858) 530-1031

