

SEP IRA Contribution Allocation Worksheet



Complete this form to gather the amount to contribute in each participant's account(s).
 Please complete all applicable fields using blue and black ink, and print clearly in capital letters.

1. Employer Information

| | |
|-----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Company Name | Contact Name |
| <input type="text"/> | <input type="text"/> |
| Contact Email Address | Contact Phone Number |
| <input type="text"/> | <input type="text"/> |
| Dealer Name | Dealer Phone Number |
| <input type="text"/> | <input type="text"/> |
| Listbill Number | Rep Name |

2. Participant Information

| | | | |
|---|----------------------|--|-------------------------|
| A. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| | Participant Name | Social Security Number | Employer Contribution |
| | <input type="text"/> | <input type="text"/> | |
| | Fund Name | Fund Number | Account Number |
| B. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| | Participant Name | Social Security Number | Employer Contribution |
| | <input type="text"/> | <input type="text"/> | |
| | Fund Name | Fund Number | Account Number |
| C. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| | Participant Name | Social Security Number | Employer Contribution |
| | <input type="text"/> | <input type="text"/> | |
| | Fund Name | Fund Number | Account Number |
| D. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| | Participant Name | Social Security Number | Employer Contribution |
| | <input type="text"/> | <input type="text"/> | |
| | Fund Name | Fund Number | Account Number |
| E. | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| | Participant Name | Social Security Number | Employer Contribution |
| | <input type="text"/> | <input type="text"/> | |
| | Fund Name | Fund Number | Account Number |
| Total Amount of Check: \$ <input type="text"/> | | Subtotal: \$ <input type="text"/> | |

3. Mailing Instructions

Mail this form with a check for the total amount made payable to **The Federated Funds**:

Regular Mail:
 P.O. Box 219318
 Kansas City, MO 64121-9318

Overnight Delivery:
 430 W 7th Street, Suite 219318
 Kansas City, MO 64105-1407

Federated Client Services 1-800-341-7400, Option 4
 For more information, visit our website at FederatedInvestors.com

Federated Shareholder Services Company