SIMPLE IRA Salary Reduction Agreement



Complete this form to start or modify a salary reduction plan. Your employer will reduce your compensation each pay period by the dollar amount or percentage you select and contribute that amount into your SIMPLE IRA on your behalf.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Salary Reduction Election		
reduction contribution. Note: The total amount of salary reduction contributions in an and age. (Refer to IRS.gov for current annual contribution and 2. Fund Selection and Asset Allocation Please indicate the fund name and share class or fund number	ch pay period and contribute this amount ny calendar year cannot exceed the IRS in d compensation limits.) er, and full account number (if existing) for	imits based on compensation
Shares will be purchased if no share class or fund number is in Note: The minimum salary reduction contribution is \$25 per f		
3. Acknowledgments & Signature Authorization By signing below, you:	Full Account Number	Amount (\$ or %) \$ %
 Appoint UMB Bank n.a., P.O. Box 219318 Kansas City, MC Acknowledge this Salary Reduction Agreement replaces a eligible employee under the SIMPLE IRA plan or until you contributions or a new Salary Reduction Agreement. Understand that salary reduction contributions will start as (2) administratively feasible. 	ny earlier agreement, and will be in effect or provide your employer with either a req	ct as long as you remain an uest to end your salary reduction
Participant Signature	Date	
Participant Name (please print)		
Participants: Please return this form to your employer.		
Employer: Please retain this form for your records.		

Client Services 1-800-341-7400, Option 4