

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

Subject to the requirements of the SIMPLE IRA plan of (Name of Employer) _____, please withhold _____ (\$ or %) from my wages each pay period and contribute this amount to my SIMPLE IRA as a salary reduction contribution.

Note: The total amount of salary reduction contributions in any calendar year cannot exceed the IRS limits based on compensation and age. (Refer to IRS.gov for current annual contribution and compensation limits.)

2. Fund Selection and Asset Allocation

Please indicate the fund name and share class or fund number, and full account number (if existing) for your IRA contributions. Class A Shares will be purchased if no share class or fund number is indicated.

Note: The minimum salary reduction contribution is \$25 per fund.

Fund Name and Share Class or Fund Number	Full Account Number	Amount (\$ or %)
_____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____

3. Acknowledgments & Signature Authorization

By signing below, you:

- Appoint UMB Bank n.a., P.O. Box 219318 Kansas City, MO 64121-9318 as Trustee, Custodian, or issuer of the SIMPLE IRA.
- Acknowledge this Salary Reduction Agreement replaces any earlier agreement, and will be in effect as long as you remain an eligible employee under the SIMPLE IRA plan or until you provide your employer with either a request to end your salary reduction contributions or a new Salary Reduction Agreement.
- Understand that salary reduction contributions will start as soon as (1) permissible under the SIMPLE IRA plan and (2) administratively feasible.

Participant Signature

Participant Name (please print)

____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
Date

Participants: Please return this form to your employer.
Employer: Please retain this form for your records.