

# Contribution Form

**Important Note: Do NOT remit your actual contribution (\$) to Ascensus, LLC. Send a copy of this form to Ascensus, LLC. Keep the signed original for your records.**

<b>GENERAL INFORMATION</b>	Plan Name _____ Ascensus Client Number _____ Employer Identification Number (EIN) _____
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<b>PARTICIPANT 1</b>	Participant Name _____ Participant Investment Account Number _____  <b>CONTRIBUTION TYPE/AMOUNT</b> <input type="checkbox"/> Pre-tax Elective Deferral    \$ _____    Deposit Date _____    For Plan Year _____ <input type="checkbox"/> Roth Elective Deferral*    \$ _____    Deposit Date _____    For Plan Year _____ <input type="checkbox"/> Profit Sharing    \$ _____    Deposit Date _____    For Plan Year _____ <input type="checkbox"/> Loan Repayment    \$ _____    Deposit Date _____ <input type="checkbox"/> Rollover**    \$ _____    Deposit Date _____  1. The amount of my rollover contribution attributable to pre-tax contributions is \$ _____ 2. The amount of my rollover contribution attributable to Roth contributions is* \$ _____ a. The amount of the Roth contribution that is attributable to basis is \$ _____ b. The first year in which I made a Roth contribution to the plan from which my rollover is being made was _____ (specify).  <div style="border: 1px solid black; padding: 2px;"> <b>NOTE: If this rollover contribution is made under a special permitted repayment option, please contact us for additional information.</b> </div> <p>*Complete only if plan allows Roth deferrals.                      **Please indicate the exact dollar amount of your rollover contribution that is pre-tax and after-tax. You must ensure that the amount entered in lines 1 - 2, not including basis amounts, equals the total amount entered into the Rollover amount section. If you are rolling over contributions that you previously paid taxes on, please include the basis amount(s) and if Roth contributions, the first contribution year. Basis is the amount of your net contributions less earnings.</p>
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<b>PARTICIPANT 2</b>	Participant Name _____ Participant Investment Account Number _____  <b>CONTRIBUTION TYPE/AMOUNT</b> <input type="checkbox"/> Pre-tax Elective Deferral    \$ _____    Deposit Date _____    For Plan Year _____ <input type="checkbox"/> Roth Elective Deferral*    \$ _____    Deposit Date _____    For Plan Year _____ <input type="checkbox"/> Profit Sharing    \$ _____    Deposit Date _____    For Plan Year _____ <input type="checkbox"/> Loan Repayment    \$ _____    Deposit Date _____ <input type="checkbox"/> Rollover**    \$ _____    Deposit Date _____  1. The amount of my rollover contribution attributable to pre-tax contributions is \$ _____ 2. The amount of my rollover contribution attributable to Roth contributions is* \$ _____ a. The amount of the Roth contribution that is attributable to basis is \$ _____ b. The first year in which I made a Roth contribution to the plan from which my rollover is being made was _____ (specify).  <div style="border: 1px solid black; padding: 2px;"> <b>NOTE: If this rollover contribution is made under a special permitted repayment option, please contact us for additional information.</b> </div> <p>*Complete only if plan allows Roth deferrals.                      **Please indicate the exact dollar amount of your rollover contribution that is pre-tax and after-tax. You must ensure that the amount entered in lines 1 - 2, not including basis amounts, equals the total amount entered into the Rollover amount section. If you are rolling over contributions that you previously paid taxes on, please include the basis amount(s) and if Roth contributions, the first contribution year. Basis is the amount of your net contributions less earnings.</p>
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<b>PLAN SPONSOR (EMPLOYER) SIGNATURE</b>	Plan Sponsor (Employer) _____ Date _____
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**Please do not remit your contributions to Ascensus, LLC. Your contributions should be remitted directly to your investment provider.**

Please complete and email or fax this form to:  
 Email: individual\_k@ascensus.com  
 Fax: 218-855-6010