

EMPLOYEE IRA PAYROLL WITHHOLDING ELECTION FORM

INDIVIDUAL RETIREMENT ACCOUNT CONTRIBUTION AUTHORIZATION

EMPLOYER INFORMATION

EMPLOYER NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

SOCIAL SECURITY NUMBER / EMPLOYEE ID

STREET ADDRESS

APARTMENT / SUITE

CITY

STATE

ZIP CODE

IRA ACCOUNT INFORMATION & TYPE

Please specify the financial institution and account details where the withheld funds should be deposited.

FINANCIAL INSTITUTION NAME

IRA TYPE

TRADITIONAL IRA

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

WITHHOLDING ELECTION

Select one of the options below to designate the amount to be withheld from your gross pay each pay period and deposited into the IRA specified above.

OPTION A: FLAT DOLLAR AMOUNT

OPTION B: PERCENTAGE OF GROSS PAY

EFFECTIVE DATE/ PAY PERIOD TO BEGIN WITHHOLDING

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to withhold the amount designated above from my salary each pay period and transmit these funds to the designated IRA custodian. This authorization is to remain in full force and effect until my employer has received written notification from me of its termination or amendment. I understand that I am responsible for ensuring my annual contributions do not exceed the IRS statutory limits.

EMPLOYEE SIGNATURE

DATE

PAYROLL DEPARTMENT USE ONLY

DATE RECEIVED

PROCESSED BY (NAME/ SIGNATURE)

FIRST PAYROLL CYCLE DATE APPLIED

PAYROLL SYSTEM REFERENCE NUMBER