

Account #: _____
Advisor Code: _____
Case #: _____

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SELECT PLAN TYPE

- 401(k) Individual 401(k) SIMPLE IRA Money Purchase Pension Plan
 403(b)(7) SAR-SEP SEP Profit Sharing Plan

Employer/Plan Name:

Plan Tax ID Number/Social Security Number:

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SELECT CONTRIBUTION TYPE

Allocate cash and/or securities as designated to the account(s) listed below:

- Contribution Authorization:**
 I hereby authorize the contribution of cash from the following TD Ameritrade account number: _____
 Check:
 Amount: _____ Check Number: _____

Employer Contribution

Account Number	Account Title FBO	Current Year	Previous Year

Employee Deferral

Account Number	Account Title FBO	Current Year	Previous Year	Loan Repayment

Rollover Certification: If I elect to make a rollover contribution to this account, I hereby certify that I understand the rollover rules and conditions as they pertain to the retirement plan indicated above, and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for rollover transactions, and I will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover of funds or other property as rollover contributions.

RMD Restriction: If you have an RMD this year, you may not transfer or roll over required minimum distribution amounts. If necessary, instruct your present Custodian to either: (1) pay your required minimum distribution to you now; or (2) retain that amount for distribution to you later.



SIGNATURES

Participant's Printed Name: _____

X Participant Signature: _____ Date: _____

Trustee/Plan Administrator's Printed Name: _____

X Trustee/Plan Administrator Signature: _____ Date: _____

INSTRUCTIONS FOR RETIREMENT PLAN CONTRIBUTION FORM

- Notes:
- The entire Retirement Plan Form must be completed to ensure accurate processing.
 - Use multiple pages if the number of accounts exceeds the space available on the form.

SECTION ONE: SELECT A PLAN TYPE

Select Plan type for the contribution being made.
 Provide Employer/Plan name and Plan tax ID number or Social Security Number.

SECTION TWO: SELECT CONTRIBUTION TYPE

If you are providing a check, indicate the dollar amount and check number.
 If you are authorizing that a contribution be made via cash and/or securities from a TD Ameritrade account, indicate the account number.
 If the contribution is being split between more than one Participant account, and you are writing a check, write "split" in the memo field of the check and provide the following information to indicate how the assets should be allocated:

- Account number
- Employer contribution OR Employer matching
- Employee deferral

For a rollover contribution, provide the dollar amount and list of securities.
 Include most recent account statement or proof of assets for qualified rollover.

SECTION THREE: SIGNATURE

Participant must sign the Retirement Plan Contribution Form for rollover contributions.
 Trustee/Plan administrators must sign the Retirement Plan Contribution Form for all contribution types.

Make checks payable to: TD Ameritrade Clearing, Inc. FBO (Employer/Plan Name).

Mailing Address:
TD Ameritrade Institutional
 PO BOX 650567
 Dallas, TX 75265-0567

TDAI 1479 REV. 07/21

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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