

ADDITIONAL CONTRIBUTION/DEPOSIT TO EXISTING TRADITIONAL IRA, SEP IRA, SIMPLE IRA or ROTH IRA

GENERAL INFORMATION

Participant: _____

SSN: _____ E-mail: _____

Address: _____

TRADITIONAL IRA, SEP IRA OR SIMPLE IRA

Type of Deposit (Check one):

Amount of this Deposit: \$ _____

- Traditional IRA regular contribution (including spousal) for tax year _____
- Rollover from another traditional IRA. Type of traditional IRA being rolled: _____
- Traditional IRA recharacterization from a Roth IRA of \$ _____ plus earnings of \$ _____
 Regular contribution for tax year _____; or conversion.
- SEP IRA. Name of Employer: _____
- SIMPLE IRA. Name of Employer: _____
Amount of Deferral \$ _____ Rollover from another SIMPLE IRA \$ _____
Amount of Employer Contribution \$ _____ Transfer from another SIMPLE IRA \$ _____
- Rollover/Direct Rollover from an Employer's Plan to a traditional IRA (other than a Designated Roth Contribution Account).
- Transfer from another Traditional IRA or SEP IRA. Transfer received from: _____

ROTH IRA

- Roth IRA regular contribution (including spousal) for tax year _____
- Roth IRA Conversion from a Traditional IRA
- Roth IRA Conversion from an Employer's plan (other than a Designated Roth Contribution Account).
- Roth IRA Transfer from another Roth IRA. Transfer received from: _____
- Roth IRA Rollover from another Roth IRA
- Roth IRA Recharacterization of a contribution from a Traditional IRA of \$ _____ plus earnings of \$ _____ for tax year _____
- Rollover/Direct Rollover from a Designated Roth Contribution Account to a Roth IRA

DEPOSIT INFORMATION

PLEASE REMIT THIS FORM WITH YOUR CONTRIBUTION PAYABLE TO:

**Hand Benefits & Trust Co. AS CUSTODIAN OF <<YOUR NAME>> IRA (or, ROTH IRA)
6 RHODS DRIVE, SUITE 7
UTICA, NY 13502-6374**

All additional contributions made will be invested according to the allocation elections currently on file.

You may access information regarding your individual account by Automated Voice Response System, at (315) 735-5670 locally or 1-800-530-1272; or by visiting our website at www.bpas.com. You will receive a Personal Identification Number (PIN) which is exclusively for your use; you will be responsible for keeping your PIN in a safe place. All subsequent changes to allocations for future contributions and existing Plan monies must be made through the Automated Voice Response System or the website, only.

If this additional contribution is being made into a SIMPLE IRA, I acknowledge that only elective deferrals and/or employer contributions under an employer's SIMPLE Retirement Plan can be made into this SIMPLE IRA.

Participant's Signature: _____ Date: _____

