

2016 Forms & ascensus Always have a plan Always have a plan Always have a plan Always have a plan Always have a plan







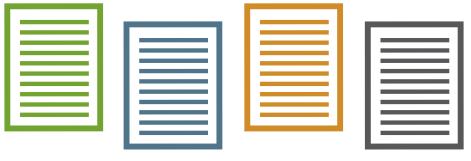


Table of Contents



Account Establishment	
Conversion and Amendment Service	3
Opening Documents	∠
Account Maintenance Forms	
Forms Handbook	5
IRA Contributions	6
IRA Portability	7
IRA Withdrawals and Withholding	8
IRA Beneficiary Designations and IRA Changes	10
Coverdell Education Savings Account (ESA)	11
Health Savings Account (HSA)	12
IRA <i>direct</i> ® Forms	
Contributions, Transfers, Account Changes, Distributions, and Payment Elections	14
Benefit Claims	15
Plan Establishment	
SEP Plans	16
SIMPLE IRA Plans	17
Qualified Retirement Plans	18
Plan Maintenance	
QRP Document Service Options	20
QRP Transaction Forms	
More From Ascensus	23

Account Establishment



Conversion and Amendment Service

Converting your IRAs, Coverdell education savings accounts (ESAs), and health savings accounts (HSAs) to Ascensus® documents is easy. Ascensus offers a variety of Universal Amendments that will update your documents and convert them to the Ascensus forms suite. Either your financial organization or the professionals at Ascensus can provide these amendments to your account owners. Act now and be among the many financial organizations that convert to Ascensus' documents each year.

The typical conversion process is simple.

- 1. Select the appropriate Universal Amendment.
- 2. Include the amendment in the next mailing to your existing account owners. In general, no signatures are needed, and no follow-up is required.
- 3. Document which account owners received the amendment and keep a copy of the mailing in your master file.
- 4. Continue using Ascensus' forms for new accounts and for additional transactions.

We can further simplify the process for you. By supplying us with a list of your account owners, you can use our Amendment Service to complete the entire conversion for you. **Contact your Ascensus Sales Representative for additional information.**

Watch for Industry and Amendment News Here

Ascensus understands the need for up-to-the-minute, accurate information and offers it to you absolutely free.

Go to Latest News at

www.ascensus.com to find compliance and industry news articles, plus archived news articles. When your organization accesses our *Latest News*, you can be assured that your staff is receiving current information and a consistent message. Remember to bookmark www.ascensus. com for free updates, or simply subscribe to the RSS Feed and the news will be sent directly to your email.



Account Establishment



SIMPLIFIER*

Health Savings Account

IRA

Traditional

Opening Documents

Ascensus' IRA, ESA, and HSA opening documents are drafted by in-house senior ERISA staff with more than 50 years of combined experience working with retirement, health, and education savings accounts. Our ERISA specialists continually monitor federal government requirements and carefully design our documents to meet these requirements. Everything you need to properly establish an account is included in our *Simplifier*®.

SIMPLIFIER'

Roth

IRA

Traditional IRA

#97 Trust¹
#98 Custodial

#100 Self-Directed Custodial

#97-IH Inherited–Trust¹
#98-IH Inherited–Custodial

#100-IH Inherited-Self-Directed Custodial

Roth IRA

#6097 Trust¹
#6098 Custodial

#6100 Self-Directed Custodial

#6097-IH Inherited–Trust¹ #6098-IH Inherited–Custodial

#6100-IH Inherited-Self-Directed Custodial

SIMPLE IRA

#1097 Trust¹ #1098 Custodial

#1100 Self-Directed Custodial

Coverdell ESA

#5097 Trust¹
#5098 Custodial

HSA

#3499 Trust¹
#3500 Custodial

Simplifier	Pricing			
Multi-Page, Quantity	8½ x 11 50	100	250	500**
Nonimprint	\$104	\$157	\$323	\$450
Imprinted*	¢13/I	\$202	\$380	\$550

- * Imprinting includes up to four lines of type (black ink).
- ** Additional quantities are available at a reduced fee.

 Online – integrate Internet-ready forms into your website or IRA platform

MPLIFIER.

CUSTODIAL

- **Custom Print** present your specific look and coordinate with your other printed materials
- Imprinted imprint with your contact information
- Off-the-Shelf order forms when you need them and without any minimum order requirements

Ascensus' Forms and Document Delivery Options

¹ To be used for managed or self-directed trust accounts.

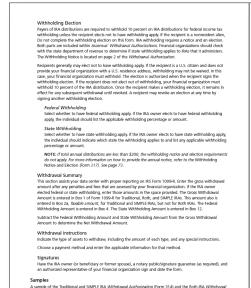


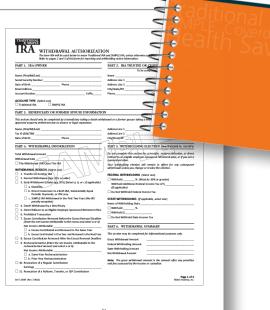
ascensus*

Forms Handbook



Make using Ascensus' forms even easier with Ascensus' Forms Handbook. This practical handbook provides clear instructions for completing each of Ascensus' IRA, ESA, and HSA account maintenance forms. Having the Forms Handbook available helps your organization stay in compliance with government regulations and eliminates confusion about which forms to use and how to fill them out.





Updated for 2016
Including two new forms

#889 Forms Handbook 8½ x 11 \$21 each



IRA Contributions

Ascensus' contribution forms can be used internally by your financial organization to track IRA contributions or by your data center to prepare IRS forms. Our *IRA Contribution Eligibility* forms help you verify that an individual is eligible to make an IRA contribution. And our *IRA Contribution and Investment Selection* forms identify the contribution type and tax year, gather deposit and investment information, and satisfy the written election requirement for rollovers and recharacterizations.

Traditional IRA

#109 Traditional IRA Contribution Eligibility

#107 Traditional IRA Contribution and Investment Selection #106 Special Contributions

#110 Conduit IRA Notice and Election

Roth IRA

#6109 Roth IRA Contribution Eligibility
#6107 Roth IRA Contribution and Investment Selection
#106 Special Contributions

SIMPLE IRA

#1107 SIMPLE IRA Contribution and Investment Selection
NEW #1109 SIMPLE IRA Contribution Eligibility

#	107	IRA CONTRI	BUTION AND	INVESTMENT SELECTION	
#106		PART 1. TRA OFFNER Neme (Fat)/As/Lest) Social Secrity Number Date of Birth Email Address Account Number	Phone5	PART 2. BRATHUNTEE OR CUSTO To de completed Name Address the 1 Address the 2 City/Stass/SP	ODIAN Thy the MA trustee or custodion
Assure Chees in the deployer Seed (from 1997). Note of FASSE (seed 1997). Note of FA	RT 2. TRUSTEE OR CUST 75 de re reau Line 1 reau Line 2 fistan/29 ce e	PART 3. CONTENSITION I field (fits in a Committee Partial III), the CODIAN Organization Manker Opposition Manker Oppositio	Con disustant, SARFL sit additional SIA, SARFL sit and plant him and plant in Toudinous him and plant in Toudinous end of a Auth excelled year of a Auth excelled year of a Auth excelled year on the sit plant required mish an EAR, COMPALTE THE EAR, COMPALTE EAR, EAR, COMPALTE EAR, EAR, COMPALTE EAR, EA	ik and the assets were removed from the IRA is any year a becomeber its of that year ement plan rollower to a Roth IRA roade last year. ITON	ned retinement plan rollover to
Description and report of the Control Principle of the Control Pri	Military Dash Greatly of Service Prepared Other ROTH IRA CO	onerber' doup life insurece (964)		of must be from a financial a goalation modes a goalates o Type (e.g., checking, sevings, 484)	the toutee for this IRA)
BIVESTANDIT INFORMATION Complete the section or a quinties () Deathy was a section of processing the section of the section of processing the section of processing the section of the s	PART 1. SIGTH IRA- Name (Fist/Mol est) Social Security Number Date of Birth Email Address Associate Number		Name		the contribution is. Page 1 of 2 Gillid damma, Inc.
Accord Namber 79 PART 5. SIGNACTURE Formit for all of the an investigation provided by min is accorded and may be related and control an	To be eligible for a facts to conditions that to pily to a REGULAR (includes onto in home earned income My model adjustes ROLLOVER FROM A RC in section the assets in these not tolded ones.	At contribution type litted balow, all states are fribution eligibility. They contribution of a cont	tan year for which the co of the contribution is with at 60 days. s (Teditional, Ruth, or 9h	in the maximum permitted limits. PUI) within the last 12 months.	н
	I am the plan particly participant; This rolliver contribut This rolliver contribut This rolliver contribut I secladed the check: CONVERSION FROM A	ation is from an eligible employer-sponsore ation do as not contain any ineligible rollous in its passible to you, the following statement within the loat 60 days. ITRADITIONIAL BIA OR SIMPLE BIA fillution does not contain a regained minim	'a qualified domestic mist of retirement plan, or d'atributions, est must also be true.	ender, or nonepouse beneficiary of the plan	н
	I received the acons if these assets have pres the original conversi More than 50 days is if this is a conversion of a	iously been convented and recharacterize on occurred in a priory year. Any provide since the recharacterization occ- assets from a SMAPLE WAA, the following at hove passed since the first contribution to	i, the following statement served.	a also munitive true.	
#6109	X Signature of Roth BACkers X Signature of Milross	ormation provided by me is accurate and notice being made.	nay be relied upon by the t	ratice or carts dan. I confily that I am eligible for the date imm/dd/see) date (mm/dd/see)	
	eses (No. 30) tital			Page 1 of 2 Cooks Research, by.	

See pages 14 and 15 for additional account maintenance forms for financial organizations who use Ascensus' Fully-Administered or Self-Administered Programs.

Account Maintenance Forms Pricing

1-Part, 8½ x 11

Quantity	50	100	250	500**
Nonimprint	\$17	\$32	\$65	\$105
Imprinted*	\$24	\$42	\$80	\$135

- * Imprinting includes up to four lines of type (black ink).
- ** Additional quantities are available at a reduced fee.

Ascensus' account maintenance forms capture the information needed to satisfy various IRS requirements relating to record retention, reporting, notices, and written irrevocable elections for certain transactions.



IRA Portability

Ascensus' portability forms are used to document the movement of IRA assets within your organization or the movement of assets between IRAs held at different organizations. Because your organization is responsible for reporting to the IRS and to IRA owners the movement of assets, properly documenting these transactions is crucial to maintaining compliance.

#302 Traditional & SIMPLE IRA Transfer Request

- Gathers current IRA trustee or custodian information
- Provides for the individual's authorization and instructions
- Addresses required minimum distribution or life expectancy payment concerns

#305 IRA Recharacterization Election

- Gathers original IRA contribution and current trustee and custodian information
- Satisfies the election requirement
- Determines earnings or loss attributable to the recharacterized amount

#487 Direct Rollover Request

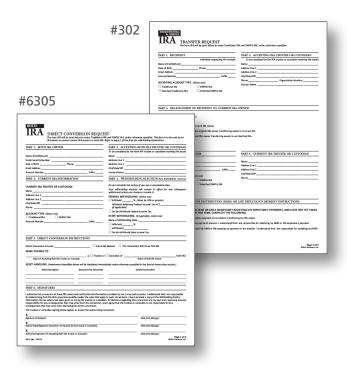
- Gathers distributing plan information
- Provides for the individual's authorization and instructions

#6302 Roth IRA Transfer Request

- Gathers current IRA trustee or custodian information
- Provides for the individual's authorization and instructions
- Addresses life expectancy payment concerns

#6305 Roth IRA Direct Conversion Request

- Gathers current IRA trustee and custodian information
- Provides for the individual's authorization and instruction
- Complies with the withholding notice and election requirements



IRA Service Center™

The IRA Service CenterTM provides all the basic tools that a financial organization needs to retain assets and to attract new IRA and ESA business using the Internet.

One of the tools in the *IRA Service Center* is the IRA and ESA forms suite, which includes the documents and forms (over 50 in all) that your organization needs to establish and service IRAs and ESAs.

Looking for an online HSA solution? See page 13 for information on the HSA Service CenterTM.

Call your Ascensus Sales Representative at 800-346-3860 for additional information or to schedule a free online demonstration.



IRA Distributions and Withholding

Ascensus' withdrawal forms can be used internally by your financial organization to track IRA distributions and by your data center to prepare IRS forms. Our IRA withdrawal forms will help you properly report distributions to avoid IRS penalties for incorrect reporting.

#123 Traditional IRA Excess Removal Worksheet #6123 Roth IRA Excess Removal Worksheet

 Provides the steps an IRA owner must take to correct an excess contribution

#314 Traditional & SIMPLE IRA Withdrawal Authorization #6314 Roth IRA Withdrawal Authorization

- Designates amount and distribution method
- Explains and documents distribution reason
- Complies with the withholding notice and election requirements

#317 IRA Withholding Notice and Election #80024 IRA Withholding Notice and Election

- Satisfies the required withholding notice and election requirements
- Identifies prior elections (#317 only)
- Allows for change of current withholding election

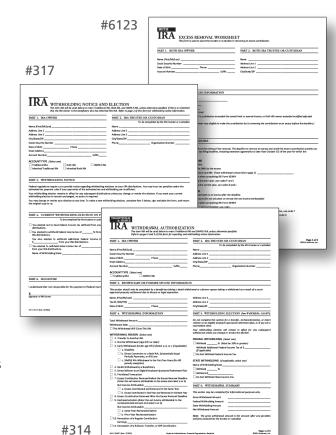
#319 IRA Substantially Equal Periodic Payment Election

- Explains all available substantially equal periodic payment options
- Documents the individual's withholding election
- Designates start date and payment frequency
- Complies with the withholding notice and election requirements

#22 IRA Charitable Distribution Request

Reviews qualified distribution requirements

Account Maintenance Forms Pricing					
1-Part, 8½ x	11				
Quantity	50	100	250	500**	
Nonimprint	\$18	\$32	\$65	\$105	
Imprinted*	\$24	\$42	\$80	\$135	
, ,		four lines of type available at a rec			





- Verifies eligibility of the individual to make a qualified distribution
- Designates distribution amount and method of withdrawal

#321 Beneficiary Required Election

- Contains all available beneficiary options
- Explains and documents required elections

#322 Traditional & SIMPLE IRA Required Minimum Distribution Scheduled Payment Election

- Designates start date and payment frequency
- Documents the RMD election
- Complies with the withholding notice and election requirements

#323 Traditional & SIMPLE IRA Required Minimum Distribution Notice

- Identifies the date by which the IRA owner must withdraw an RMD
- Provides RMD statement alternatives

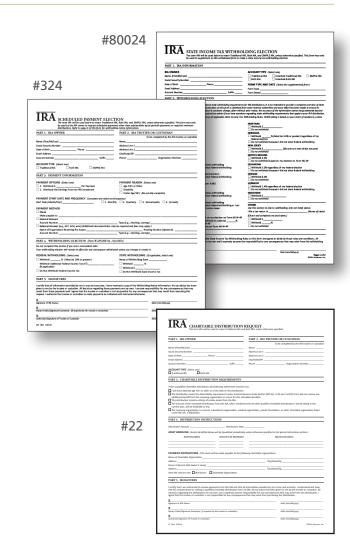
#324 IRA Scheduled Payment Election #324-IH Inherited IRA Scheduled Payment Election is also available.

- Documents payment option and reason
- Designates start date and payment frequency
- Complies with the withholding notice and election requirements

#80024 IRA State Income Tax Withholding Election

- Documents the individual's state withholding election
- Identifies which IRA withdrawal form the election supplements

See pages 14 and 15 for additional account maintenance forms for financial organizations who use Ascensus' Fully-Administered or Self-Administered Programs.



Net Income Attributable (NIA) Calculation "Smart Form"

Make calculating NIA a customer service for all your IRA and HSA owners by using the Net Income Attributable Calculation "smart form" from Ascensus. Simply enter the necessary account balance information for the calculation and let the form do the math for you.



IRA Beneficiary Designations

#301 IRA Beneficiary Designation #307 Inherited IRA Beneficiary Designation is also available.

- Revokes prior designations
- Identifies primary and contingent beneficiaries
- Identifies the current share percentage for each beneficiary
- Provides for spousal consent for community or marital property states

#301-SU IRA Beneficiary Designation Addendum

- Identifies additional primary and contingent beneficiaries
- Identifies the current share percentage for each beneficiary

#121 IRA Beneficiary Reminder Notice

- Identifies current primary and contingent beneficiaries
- Identifies the current share percentage for each beneficiary

IRA Changes

#311 IRA Information Change

- Identifies information currently on file for the IRA owner
- Provides for a signature authorizing the information change

#2310 IRA HSA Investment Change

- Identifies investments currently on file for the IRA owner
- Provides for a signature authorizing the investment change

	•	TRA RENEE	CIARY DESIGNATION	1
		This beneficia	ry designation overrides of previous	e designations for this MA. The term MA will be used below to mean Traditional or filed.
			, and source inch, arises december spe	
		PART 1. IRA OWNER		PART 2. IBA TRUSTEE OR CUSTODIAN To be completed by the RAtriates or custodia
		Name (First/MI)Lost)		Name
		Social Security Number		Address Line 1
[‡] 2310		Date of Birth Enail Address	Phone	Address Line 2 OnyState/2P
72310		Account Number	Suffix	Phone Organization Number
		ACCOUNTTYPE (Select one)		
		ACCOUNT THE (Select site)	A SIMPLE IRA	
			NATION	
VD.			NATION	
IRA _{CA}			sets in this account be paid to the	e beneficiaries named below. The interest of any beneficiary that predecesses
HSA INVESTMENT CHANGE The term IFA will be used below to mann Tred		others to consider If the land	rcentage share of any remaining t	beneficiaries will be increased on agree rata basis. If no beneficiaries are named
intented RA, the Account Owner is the bandle	dary who has inherited this it.t.	Contract specifically state of	Laurentage designated must ep	
PART 1. ACCOUNT OWNER	PART 2. TRUSTEE OR CU	NTODIAN	and a separate of the second	
		be completed by the trustee or custodian		Name
Name (First/Mi)Cost)	Name			OnyState/29
Sodal Security Number Phone	Address Line 1		ationship	Date of Birth Relationship
Date of Birth Phone	Address Line 2		Percent Designated	Tax ID (SIN/TIN) Percent Designated
Account NumberSuffix	Phone	Organisation Number		Nave
ACCOUNTTYPE (Select one)				Address OnyState/2P
☐ Traditional IRA ☐ SMP1	UE INA		etionship	Date of Sitch Felationship
☐ Inherited Traditional IRA ☐ Inherited Both IRA ☐ HSA			Fercent Designated	Tax ID (SIN/TIN) Percent Designated
				Name
PART 5. INVESTMENT CHANGE INFORMATION				
PART J. DATESTIMENT CHANGE ENFORMATION				Address
	tely unless atherwise specified in the Special.	in struction a section.		Address OnyState/20
The current investment identified below will be liquidated immedia	taly unless otherwise specified in the Special	in struction a section.	attoriship	Address ChyStem/2P Date of Birth Relationship
The current is eastment identified below will be liquidated immedia CURRENT INVESTMENT INFORMATION	taly unless otherwise specified in the Special		attoriship Percent Designated	Address OhyStere/2P Ease of Stets Belationship Tax to (SSA/TRV) Percent Designated
The current investment identified below will be liquidated immedia	r Institut Marke	Sundings in Loss of Earnings Close Current Year Penalty Inscitment		Address ChyStem/2P Date of Birth Relationship
The current is eastment identified below will be liquidated immedia CURRENT INVESTMENT INFORMATION	r Institut Marke	Santings is Local Earnings Close Current Tear Penalty Inscriment	Percent Designated	Address Onyliterat 26 Date of Birth Belandship Bare Bare Bare Bare Bare Bare Bare Bar
The current is eastment identified below will be liquidated immedia CURRENT INVESTMENT INFORMATION	r Institut Marke	Sundings in Loss of Earnings Close Current Year Penalty Inscitment	Percent Designated	Address (hytemy 20) (bus of latch
The current in nestment identified below will be Aquilibred immedia CURRENT INVESTMENT INFORMATION Investment Overrigine Annual to Ma	r Institut Marke	Earnings is Less of Earnings Close Current Year Penelty Inscriment	Percent Designated	Address Only Service 200 Date of Entry In and Disputing Nation - New York Nation - Address Only Service 200 One of Entry One of Entry Nationary Nationary Nationary Nationary Nationary Nationary Nationary
The current in nestment identified below will be Aquilibred immedia CURRENT INVESTMENT INFORMATION Investment Overrigine Annual to Ma	r Institut Marke	Earnings is Less of Earnings Close Current Year Penelty Inscriment	Percent Designated	Address Only Size 20 Date of a Fath, Milato subsp. Take 10 (SIXYTRS) Present Designated, Natre Address Only Size 20 Date of Earth, Milato subsp. Tate 10 (SIXYTRS) Present Designated.
The current in nestment identified below will be Aquilibred immedia CURRENT INVESTMENT INFORMATION Investment Overrigine Annual to Ma	r Institut Marke	Earnings is Less of Earnings Close Current Year Penelty Inscriment	Percent Designated	Address Own 4100 Nationally National
The current in actioned identified below will be inputated iron allow CUMBERT INVESTIMENT INFORMATION CUMBERT INVESTIMENT INFORMATION Consists to Consists to	r Institut Marke	Earnings is Less of Earnings Close Current Year Penelty Inscriment	Percent Designated	Add to Confine ID Confine ID Indiana-Ny Tao District Tao District Tao District Tao District Add to Person benjament Nation N
The current investment identified below will be Republished iron after CURRENT ROVESTMENT INFORMATION CURRENT ROVESTMENT INFORMATION Description Amount in the SPRICAL ROSTRUCTIONS SERVI PORCESSMENT INFORMATION	r Instituted Middle one Number Gits	Brings I Lee of Evolution Core Correct Fee Peoply Interinses	Persont Designated	Add to Confident 20 Maries with Confident 20 Maries with Confident 20 Maries with Confident 20 Maries William Conf
The current investment identified below will be Republished iron after CURRENT ROVESTMENT INFORMATION CURRENT ROVESTMENT INFORMATION Description Amount in the SPRICAL ROSTRUCTIONS SERVI PORCESSMENT INFORMATION	r Institut Marke	Earnings is Less of Earnings Close Current Year Penelty Inscriment	Personal Designated	Address
The current investment identified below will be Republished iron after CURRENT ROVESTMENT INFORMATION CURRENT ROVESTMENT INFORMATION Description Amount in the SPRICAL ROSTRUCTIONS SERVI PORCESSMENT INFORMATION	r Instituted Middle one Number Gits	Brings I Lee of Evolution Core Correct Fee Peoply Interinses	Personal Designated	Address The Option of the Control o
The current investment identified below will be Republished iron after CURRENT ROVESTMENT INFORMATION CURRENT ROVESTMENT INFORMATION Description Amount in the SPRICAL ROSTRUCTIONS SERVI PORCESSMENT INFORMATION	r Instituted Middle one Number Gits	Brings I Lee of Evolution Core Correct Fee Peoply Interinses	Personal Designated	Address The Option of the Control o
The current investment identified below will be Republished iron after CURRENT ROVESTMENT INFORMATION CURRENT ROVESTMENT INFORMATION Description Amount in the SPRICAL ROSTRUCTIONS SERVI PORCESSMENT INFORMATION	r Instituted Middle one Number Gits	Brings I Lee of Evolution Core Correct Fee Peoply Interinses	Personal Designated	Address
The current of memory to displace and to inquite a record of the current of the c	r Instituted Middle one Number Gits	Brings I Lee of Evolution Core Correct Fee Peoply Interinses	Personal Designated	Address The Option of the Control o
TWO AREA AND THE THE ADMINISTRATION OF THE A	to benefited Marilly (see Scholer Dis	being the last of strongs constitute the last of strongs const	Personal Designated	Address The Option of the Control o
The current of months that one of the qualitation o	to benefited Marilly (see Scholer Dis	being the last of strongs constitute the last of strongs const	Personal Designated	Address The Option of the Control o
The current of months that one of the qualitation o	to benefited Marilly (see Scholer Dis	being the last of strongs constitute the last of strongs const	Personal Designated	Address The Option of the Control o
The current recommendation of the Application of th	to benefite the state of the st	Residue Corentine Corentine Corentine Residue Core	Personal Designated	Address The Option of the Control o
The current recommendation of the Application of th	to benefite the state of the st	beings to disprise Constitute Marky Constitute Marky Constitute Cons	Personal Designated	Address The Option of the Control o
The current recommendation of the Application of th	to benefite the state of the st	Residue Corentine Corentine Corentine Residue Core	Personal Designated	Address The Option of the Control o
The current recommendation of the Application of th	to benefite the state of the st	Residue Corentine Corentine Corentine Residue Core	Personal Designated	Address Too (1970)
The current recommendation of the Application of th	to benefite the state of the st	Residue Corentine Corentine Corentine Residue Core	Personal Designated	Address Too (1970)
The current recommendation of the Application of th	to benefite the state of the st	Residue Corentine Corentine Corentine Residue Core	Personal Designated	Address Too (1970)
The current investment identified below will be Republished iron after CURRENT ROVESTMENT INFORMATION CURRENT ROVESTMENT INFORMATION Description Amount in the SPRICAL ROSTRUCTIONS SERVI PORCESSMENT INFORMATION	to benefite the state of the st	Residue Corentine Corentine Corentine Residue Core	Personal Designated	Address Too (1970)

Account Maintenance Forms Pricing						
1-Part, 8½ x	11					
Quantity	50	100	250	500**		
Nonimprint	\$17	\$32	\$65	\$105		
Imprinted*	\$24	\$42	\$80	\$135		

^{*} Imprinting includes up to four lines of type (black ink).

^{**} Additional quantities are available at a reduced fee.



Coverdell Education Savings Account (ESA)

ESA Contributions

#5109 Coverdell ESA Contribution Eligibility

- Reviews eligibility requirements for each contribution type
- Verifies individual's eligibility to make an ESA contribution

#5107 Coverdell ESA Contribution and Investment Selection

- Identifies contribution type and tax year
- Satisfies written election requirement for rollovers
- Gathers deposit and investment information

#106 Special Contributions

- Identifies contribution type and tax year
- Gathers deposit and investment information

ESA Portability

#5302 Coverdell ESA Transfer Request

- Gathers current ESA trustee and custodian information
- Obtains responsible individual's authorization and instructions
- Verifies designated beneficiary information

ESA Distributions

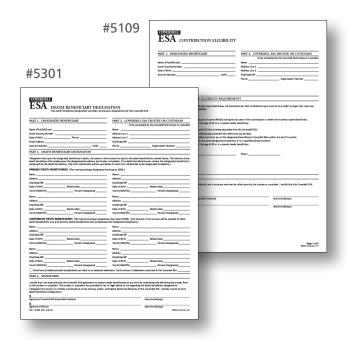
#5123 Coverdell ESA Excess Removal Worksheet

 Provides steps a responsible individual must take to correct an excess contribution

#5314 Coverdell ESA Withdrawal Authorization

- Designates distribution amount requested by the responsible individual and the distribution method
- Explains and documents the distribution reason

See pages 14 and 15 for additional account maintenance forms for financial organizations who use Ascensus' Fully-Administered or Self-Administered Programs.



ESA Death Beneficiary Designations

#5301 Coverdell ESA Death Beneficiary Designation

- Revokes prior death beneficiary designations
- Identifies primary and contingent death beneficiaries
- Identifies current share percentage for each death beneficiary

#5301-SU Death Beneficiary Designation Addendum

- Identifies additional primary and contingent death beneficiaries
- Identifies the current share percentage for each death beneficiary

ESA Changes

#5311 Coverdell ESA Information Change

- Identifies information currently on file for the ESA
- Provides for a signature authorizing the information change



Health Savings Account (HSA)

HSA Contributions

#3107 HSA Contribution and Investment Selection

- Identifies contribution type and tax year
- Satisfies the written election requirement for rollovers
- Gathers deposit and investment information

#3109 HSA Contribution Eligibility

- Reviews requirements for each contribution type
- Verifies individual' eligibility to make an HSA contribution

#3322 Qualified HSA Funding Distribution Request

- Gathers distributing IRA and trustee and custodian information
- Provides for the individual's authorization and instruction

#3315 HSA Mistaken Distribution Repayment

Documents mistaken distribution information and repayment date

HSA Portability

#3302 HSA Transfer Request

- Gathers current HSA trustee and custodian information
- Obtains the individual's authorization and instructions

HSA Withdrawals

#3123 HSA Excess Removal Worksheet

Provides steps an HSA owner must take to correct an excess contribution.

#3314 HSA Withdrawal Authorization

- Explains and documents distribution reason
- Designates amount and distribution method

See pages 14 and 15 for additional account maintenance forms for financial organizations who use Ascensus' Fully-Administered or Self-Administered Programs.

		HSA CONT	RIBUTION AND INVESTM	MENT SELECTION	
		PART L. HSA OWNER		PART 2. HSA TRUSTEE O	B CINTOFFAN
		Name First Middle			ompleted by the ASA trust
		Social Security Number		Address Line 1	
#3302		Oute of Birth	Phone	Address Line 2 City/Swite/CP	
13302		Account Number	Suffix	Phone	Organization Number
			ORMATION		
TTC AT			Contribution Date		
HSA TRANSFER REQUEST			situations as well as qualified MM fund	ing distributions from an IRA)	
			(Qualified MSA funding distributi SA or Archer MSA that is being deposi		r the current toxyeor)
PART 1. RECEPIENT	PART 2. ACCEPTING HSA T		SA or Archer MSA that is being depositive executive designate this contribution a	ted Into this ASA) is a rollover.	
individual requesting the transfer Name (First/MI)/Load	To be completed by the ASA tru Name	atee or custodion receiving the occuts	ssets from an MSA or Archer MSA into	Bit MSQ	
Date of Birth Phone Credit Address	Address Line 1		EPOSIT INFORMATION		
Enail Address Assourt Number Suffix	OtyStaw/ZP				
RELATIONSHIP TO CURRENT OWNER (Select one)	Phone	Organisation Number	pletethis section as applicable.) Quantity or Amount	Status Investment (new or exching) Number	Term or Maturity Date
I am the current account owner. I am the former spouse of the current account owner.	William .		or America	Jews entity: Number	or Materity Date
PART 5. CURRENT ACCOUNT OWNER	PART 4. CURRENT ACCOUNT	ST TRUSTEE OR CUSTODIAN			
None Sinth Start	None				
Name (First/M/Cost) Social Security Mareler	Address Line 1		tuge is transfer, the check must be fro		
Account NumberSuffix	Address Line 2				
CURRENT ACCOUNT TYPE (Select one)	Oty/State/OF			Type (e.g., checking, sovings, ASA	«
DART 5. TRANSPER INSTRUCTIONS			As sets	Routing Na	umber (sptional)
TRANSFER OPTIONS (Seint one)				Type (e.g., checking, sovings, AS/	A)
One-Time Transfer				Deposit Taken by	
Transfer Annount This Transfer Will Close the Curry					
☐ Recercing Transfer					
Recurring Transfer Transfer Amount Items Ste					Lowellife that the co
☐ Recurring Transfer Transfer Amount	ПСИ				. I certify that the co scribed above.
□ Recurring Transfer Transfer Amount □ Transfer Sha Requency (Solect one) □ Monthly □ Quarterly □ Semi- MANX PAYABLE TO	HSA QUALIFIE	D HSA FUNDING DIS	TRIBUTION REQUEST		scribed above.
☐ Recurring Transfer Transfer Amount	HSA QUALIFIE	D HSA FUNDING DIS to used below to most Tredefine if MR	TRIBUTION REQUEST on d Roth 1884, unless otherwise specifies. The	s from is used to request a	. I certify that the co scribed above.
Be carring Transfer Transfer Transfer Team Team fee Tab Requestry (Soled one) Morehly Quarterly Serial MAMOS PATABLE TO Name of A Supplie (PST Traiter or Cutodies 20 Thu ASSET HANDOUND Serial one Name of Serial Patable Serial Patabl	The term IAA will one-time altect of	D HSA FUNDING DIS to used below to make Tradition at 86 commence of counts fines on 88 Ass on h	and Roth IRA, unless otherwise specified. The 6A. PART 2. ACCEPTING HSA TRUSTI	E OR CUSTODIAN	scribed above.
Recording Transfer Transfer Account Transfer Account Transfer Stall Requency (Solind one) Monthly Quantumly Somit MANCE PAYABLE TO as Tinu Hame of Accepting 155 Teater or Custoden	The term IPA will one three director PART 1. ACCOUNT OWNER	D HSA FUNDING DIS he used below to mean Traditional Ma comment of counts from an MA14 as in	and Roth IRA, unless otherwise specified. The SA. PART 2. ACCEPTING HSA TRUSTS To be completed by the HSA functor or	E OR CUSTODIAN	scribed above.
Be carring Transfer Transfer Transfer Team Team fee Tab Requestry (Soled one) Morehly Quarterly Serial MAMOS PATABLE TO Name of A Supplie (PST Traiter or Cutodies 20 Thu ASSET HANDOUND Serial one Name of Serial Patable Serial Patabl	The term ISA will one-time director PART 1. ACCOUNT OWNER Name (First/Millant)	D HSA FUNDING DIS the used below the mean Truditional MA comment of courts from an MA to an in	and Roth IRA, unless otherwise specified. Thi SA. PART 2. ACCEPTING HSA TRUSTE To be completed by the HSA trustee or Name.	E OR CUSTODIAN	scribed above.
Security Structure Security Security Structure Security Security Secu	The tern 164 will one time direct PART 1. ACCOUNT OWNER Name (Fat/MolLest) Social Security Mamber Date of Birth.	D HSA FUNDING DIS be used below to ensor traditional field soon ent of cases fine on #8.619 on h Phone	and Rah IRA, unless otherwise specified. This Sch. PART 2. ACCEPTING HSA TRUSTS To be completed by the MSA trustee or Manne. Address Line 1 Address Line 2	E OR CUSTODIAN	scribed above.
George Strader Secretary	This tees MA will one done direct the sale direct to the d	he used between maps Traditional Mil Covernment of casets first on Milats as h	and file in IFA, unless otherwise specified. This GL. PART 2. ACCEPTING HSA TRUSTI To be completed by the MSA truster or Marre. Address Line 1 Address Line 2 One State COP	E OR CUSTODIAN custodian receiving the custo	scribed above.
George Strader Secretary	The tern 164 will one time direct PART 1. ACCOUNT OWNER Name (Fat/MolLest) Social Security Mamber Date of Birth.	he used between mean Traditional Mil- covernment of assets from an Milk to an Iv	and the h1R4, unless otherwise specified. This factors are seen as the seen and the seen as the seen a	E OR CUSTODIAN	scribed above.
George Strader Secretary	This tees MA will one done direct the sale direct to the d	he used between maps Traditional Mil Covernment of casets first on Milats as h	and file in IFA, unless otherwise specified. This GL. PART 2. ACCEPTING HSA TRUSTI To be completed by the MSA truster or Marre. Address Line 1 Address Line 2 One State COP	E OR CUSTODIAN custodian receiving the custo	scribed above.
George Tourder Tourder Tou	This tees MA will one done direct the sale direct to the d	he used he'se into mana Traditional Mil- owen ear of counts for an all As a con- month of the second of the second of the second Frame	and the h1R4, unless otherwise specified. This factors are seen as the seen and the seen as the seen a	E OR CUSTODIAN custodian receiving the custo	scribed above.
warming broader	The fees 164 will not seen the decision about the process of the control of the c	he used help who mans traditional Mil- owen end of counts for an Ali A to an in France	and the II RI, whose otherwise specifies. The distribution of the II RI	E OR CUSTODIAN custodian receiving the custo	scribed above.
□ meant plane of the blank house hou	The form MA will be for the desire of the desire of desire of desire of the desire of	he used help who mans traditional Mil- owen end of counts for an Ali A to an in France	and file in 15th, unless otherwise specifies. The MET. 2. ACCEPTING SEA TREINTS TS & CONTROL OF SEA TREINTS (Select control of Sea Treints (Select control of Sea Treints) (Select control	E OR CUSTODIAN custodian receiving the custo	scribed above.
Comment Systems (Comment Comment Comme	The lates MA will be for a MA of the Control of the	he used help who mans traditional Mil- owen end of counts for an Ali A to an in France	and file In TRE, unless otherwise specifies. The MERCE_ACCEPTING SEA TRENSTE To be emogenized by the MSA invates or Name To be an emplored by the MSA invates or Name Address Line 1 Address Line 2 CON_TRANS_COP_ Place Organi Conduct Name BA TIPSE Dielect cond BBA TIPSE Dielect cond	E OR CUSTODIAN custodian receiving the custo	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The form MA will be for the desire of the desire of desire of desire of the desire of	he used help who mans traditional Mil- owen end of counts for an Ali A to an in France	and file in 15th, unless otherwise specifies. The MET. 2. ACCEPTING SEA TREINTS TS & CONTROL OF SEA TREINTS (Select control of Sea Treints (Select control of Sea Treints) (Select control	E OR CUSTODIAN custodian receiving the custo	scribed above.
□ bearty butter Simple South S	The trees 64-40 for all dates of the district	he used help who mans traditional Mil- owen end of counts for an Ali A to an in France	and file in 15th, unless otherwise specifies. The MET. 2. ACCEPTING SEA TREINTS TS & CONTROL OF SEA TREINTS (Select control of Sea Treints (Select control of Sea Treints) (Select control	E OR CUSTODIAN custodian receiving the custo	scribed above.
□ Constitution □ Con	The does did sold in the did not be about the did n	the cost label on the cost of	and file in 15th, unless otherwise specifies. The MET. 2. ACCEPTING SEA TREINTS TS & CONTROL OF SEA TREINTS (Select control of Sea Treints (Select control of Sea Treints) (Select control	E OR CUSTODIAN custodian receiving the custo	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The lease MA was not allowed. PART 1. ACCOUNT OWNER. New FINANCIAN. New FINANCIAN. New FINANCIAN. PART 3. CUBRENT BA INNO CUBRENT BA TRUSTE: OR CUSTO New Address Unit 1 Address Unit 2	the cost label on the cost of	and file in 15th, unless otherwise specifies. The MET. 2. ACCEPTING SEA TREINTS TS & CONTROL OF SEA TREINTS (Select control of Sea Treints (Select control of Sea Treints) (Select control	E OR CUSTODIAN custodian receiving the custo	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The does did sold in the did not be about the did n	le and let the transition to make institute the same of the same o	and file in 15th, unless otherwise specifies. The MET. 2. ACCEPTING SEA TREINTS TS & CONTROL OF SEA TREINTS (Select control of Sea Treints (Select control of Sea Treints) (Select control	IE OR CUSTODIAN Controller restrienty the costs sociol Naveber Soffia	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The control of the co	le and let the transition to make institute the same of the same o	and Rei Rid, where attention general for 18 A TRIVITY OF THE ATTENTION OF	IE OR CUSTODIAN Controller restrienty the costs sociol Naveber Soffia	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The does toke all PART 1. ACCOUNT OFFICES A THREE PART 2. COUNTY OFFICES A THREE PART 3. COUNTY OFFICES A THREE PART 3. COUNTY OFFI A THREE PA	It and left on toward regions of the second	and the 10th Accordance register for the Control of	IE OR CESTODIAN Controller restring the costs Suffix Suffix	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	THE OF SHARE I A COUNTY CHONES Name PRODUCTO CONTROL Sold Sample Section Sold Advance Section Share A COUNTY CONTROL SHARE A COUNTY EAR SHARE A COUNTY EAR SHARE EAR SHARE A COUNTY EAR SHARE EAR SHARE A SHARE EAR SHARE EAR SHARE PART & COUNTY EAR SHARE PART & CO	Three Sharks and the second of	and the Tild, and enterview spelled to an advantage of the Tild Tild Tild Tild Tild Tild Tild Tild	E OR CISTODIAN custodian residing the custo Suffly Suffly Suffly MA MA MA MA	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The days that it is a second of the control of the	and and select on some handless of the select of the selec	And the SEA ACCEPTION END	E OR CISTODIAN custodian residing the custo Suffly Suffly Suffly MA MA MA MA	scribed above.
□ Constitution □ Con	THE OF SHARE I A COUNTY CHONES Name PRODUCTO CONTROL Sold Sample Section Sold Advance Section Share A COUNTY CONTROL SHARE A COUNTY EAR SHARE A COUNTY EAR SHARE EAR SHARE A COUNTY EAR SHARE EAR SHARE A SHARE EAR SHARE EAR SHARE PART & COUNTY EAR SHARE PART & CO	Three Sharks and the second of	and the Tild, and enterview spelled to an advantage of the Tild Tild Tild Tild Tild Tild Tild Tild	E OR CISTODIAN custodian residing the custo Suffly Suffly Suffly MA MA MA MA	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The days that it is a second of the control of the	and and select on some handless of the select of the selec	And the SEA ACCEPTION END	E OR CISTODIAN custodian residing the custo Suffly Suffly Suffly MA MA MA MA	scribed above.
□ Constitution □ Con	The days that it is a second of the control of the	and and select on some handless of the select of the selec	And the SEA ACCEPTION END	E OR CISTODIAN custodian residing the custo Suffly Suffly Suffly MA MA MA MA	scribed above.
□ Constitution □ Con	The desired of the second of t	and and select on some handless of the select of the selec	And the SEA ACCEPTION END	E OR CISTODIAN custodian residing the custo Suffly Suffly Suffly MA MA MA MA	scribed above.
□ Constitution □ Con	THE TAX ADDITIONATION OF THE TAX ADDITIONATION	A and a few to some to reduce the control of the co	And the Line And the Control of the Line And	TO GENTODIAN Controller marking the count of	scribed above.
□ Constitution □ Con	THE OF THE PARTY O	AND	And the Line of the Control of the Line of	TO GENTODIAN Controller marking the country controller marking the country controller marking the country controller marking to controller controller marking to cont	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	THE A CONTRIBUTION OF THE ACT OF	A and a few to some to reduce the control of the co	and the file, and desirate seems (Fig. 1987) The desirate see	SOCIOTODIAN CONTROLLA CONT	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	The control of the co	AND	And the Law and eventure and pull. The American State of the State of State	COG COTYCOMA COMPANIAN COM	scribed above.
□ beauty funder The Comment of Comment (□ beauty □ beau	THE A CONTRIBUTION OF THE ACT OF	AND	and the file, and desirate seems (Fig. 1987) The desirate see	COG COTYCOMA COMPANIAN COM	scribed above.
□ meanty fundered The property of the proper	The control of the co	and who makes the middle of th	And the Law and eventure and pull. The American State of the State of State	COL CONTROLAN COMMUNICATION CO	scribed above.
Character Service Ser	The control of the co	and who makes the middle of th	And the IAM and developed profits of the IAM and IAM a	COL CONTROLAN COMMUNICATION CO	scribed above.

Account N	laintena	nce Forms I	Pricing	
1-Part, 8½ x Quantity	11 50	100	250	500**
Nonimprint	\$17	\$32	\$65	\$105
Imprinted*	\$24	\$42	\$80	\$135

- * Imprinting includes up to four lines of type (black ink).
- ** Additional quantities are available at a reduced fee.



HSA Beneficiary Designations

#3301 HSA Beneficiary Designation

- Revokes prior designations
- Identifies primary or contingent beneficiaries
- Identifies the current share percentage for each beneficiary
- Provides for spousal consent for community or marital property states

#3301-SU HSA Beneficiary Designation Addendum

- Identifies additional primary and contingent beneficiaries
- Identifies the current share percentage for each beneficiary

#3121 HSA Beneficiary Reminder Notice

- Identifies current primary and contingent beneficiaries
- Identifies the current share percentage for each beneficiary

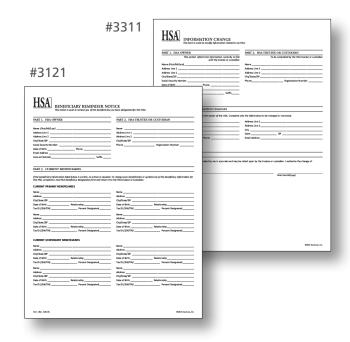
HSA Changes

#3311 HSA Information Change

- Identifies information currently on file for the HSA owner
- Provides for a signature authorizing the information change

#2310 IRA HSA Investment Change

- Identifies investments currently on file for the HSA owner
- Provides for a signature authorizing the investment change



HSA Service Center™

Looking for an online solution for HSA establishment and maintenance? The *HSA Service Center*TM allows your clients to establish and service HSAs online. Alternatively, you may choose to limit online access only to your financial organization's internal network. As with all Ascensus web-based solutions, branding and customization are available.

Call your Ascensus Sales Representative at 800-346-3860 for additional information or to schedule a free online demonstration.

IRAdirect® Forms*



Contributions, Transfers, Account Changes, and Payment Elections

Contributions

#21943 IRA Contribution Recharacterization – Form 2319 (Pricing Code 1)

Transfers

#80026 IRA Direct Transfer Instructions – Form 2325 (Pricing Code 1)

#21996 Coverdell ESA Direct Transfer Instructions – Form 2525E (Pricing Code 1)

#26638 HSA Direct Transfer Instructions – Form 2625H (Pricing Code 1)

Account Changes

#80015 Traditional IRA Change Notice – Form 2309 (Pricing Code 1)

#21220 Roth IRA Change Notice – Form 2409R (Pricing Code 1)

#21995 Coverdell ESA Change Notice – Form 2509E (Pricing Code 1)

#26067 HSA Change Notice – Form 2609H (Pricing Code 1)

80026	#21943	IRA CONTRIBUTION RECHARACTERIZATION (FORM 2319) Please Print or Type		
		CICE (Organization will complete.)	Financial Organization Name	
		Nevtor	ElA Ovner's Name (First, Initial, Last)	
IRA DIRECTTRANSFER		IRA CONTRIBU	ITION BEING RECHARACTERIZED	
INSTRUCTIONS (FORM 2325)		a the next page for more information.		
Please Print or Type		a a monte continuo la		
TD:		Year (1777)	Date - Date Pa	
Current RA or ORP Reliciny	Account Number at Current Institution		court inside a GPP that was contributed to a traditional IR	ia.
Mailing Address of Cornet IRA or ORP Fideciany		ref Contribution to be Recharacterized. 1		
Person transfer and transfer the amount indicated below from the	e IRA or qualified retrement place (CRP) you are maintaining on my bet	COTO	Original Contribution Data	(pinacovyyy)
IRA I have established at my financial organization (named in the	se identifying information section of this form; Distribute the post-70% year (thing) prior to making the bandle; Make the check for the direct	equined Ambushle to the Contribution (+)		
at the thancas organic organization at the address provided below. My financial orga- seed it is any other form.	colors. Attach the check to a copy of this form and send it to the inization can only accept a check to implement this transfer, so piec	e don't	FRIDUTING IRA	
seed it is any other item. Source of Transfer into Traditional IRA	Source of Transfer into Roth IRA	being distributed from Etheck one's	The distributing RA is a (check one):	☐ Traditional FIA
☐ Traditional IRA*	☐ Both IBA*	at the experiention nerved above.		☐ Roth RA
☐ Traditional qualified retirement plan (GRP)*	☐ Teditional IRA ☐ Designated Floth account of a GRP*	louing IFA Educiery:	The distributing IRA status after recharacteraction in (observed):	Cl Open
'Check if Applicable	☐ Traditional qualified retirement plan (QRP)*			☐ Closed
	ceiving IPA is subject to the death benefit RMD rules, and the origin	Fowner Na	Data of Distribution (MMCC)******)	
	YING INFORMATION	w	Fidudary's Mailing Address	
5500	THIS DE CHARLEST		February's City State, 70P	
PA Owne's Name (First, Initial, Lost)	Financial Organization Name		,,	
			CEIVING IRA	
Social Security Number FIA Suffix	Financial Organization Mailing Address	being transferred to (shock one):	The receiving IRA is a (check ene): Most be different type then distributing IRA	☐ Traditional RA L ☐ Roth RA
CIDs (Organization will complete.)	City State, 23P	at the organization named above.		
	Phone Number		Data Direct Transfer Received (MMDDYYYY)	n
			Fiduciary's Mailine Address	,
	Centact Parson at Financial Organization			
	ID TIMING OF TRANSFER		Fiduciary's City State, ZIP	
Liquidate the current investment and transfer the proceeds an Amount to transfer:	s Rikkes. Check one box in each column. Make this transfer:	IRA OWNE	R'S SIGNATURE/DATE	
□ 1.8	□ 1.0s	t the distributing IRA Educary to direct transfer the an	court to be transferred ented above to the receiving IRA fiding IRA.	lackery. I have alexted to
2. The ordine amount in my account	2. Immediately. Date (MMCD07YYY)	Indian discribed above as a contribution to the recons	ун.	
and close my account.	3. At maturity of the investment.			
FINANCIAL OR	GANIZATION'S SIGNATURE	gnaturo	Date (MM/DD/YYYY)	
	property business or controllers and accord the bureler described a	ow tx		
v				Stock # 219- 2319 (Doc Code 1
Organization Representative's Signature	Desi (MMCDOYYYY)	sous, Inc., Middleton, Wi		(Pav. etro)
IRA OW	NER'S SIGNATURE			
	sed abows. I sutheriza the current fideclary of my IRA or GPP to figure the proceeds to my financial organization as discused on this item. I n'tly has the funds to determine whether a signature guarantee is a			
X PA Crear's Screens	Date BIMODYYYY	B0008		

IRAdirect Forms Pricing

Pricing Code 1

Multi-Part, Carbonless, 8½ x 11

Quantity	50	100	250	500**
Nonimprint	\$41	\$69	\$140	\$220
Imprinted*	_	\$101	\$195	\$315

Pricing Code 2

12-Page, 3% x 8½ Booklet

12 1 age, 37	7 7 2 200	711100		
Quantity	50	100	250	500**
Nonimprint	\$57	\$101	\$220	\$380

- * Imprinting includes CUID and up to four lines of type (black ink).
- **Additional quantities are available at a reduced fee.

Payment Elections

#22552 Traditional IRA Periodic Payment Change – Form 2345 (Pricing Code 1)

#80021 Individual Retirement Account Periodic Payments Before Age 70½ – Form 2316 (Pricing Code 1)

#80055 Traditional IRA Post-70½ Payment Election – Form 2318 (Pricing Code 1)

#80079 Required Minimum Distributions From Your Traditional IRA at Age 70½ (Pricing Code 2)

#80102 Required Minimum Distributions From Your Traditional IRA After Age 70½ (Pricing Code 2)

^{*} Unless otherwise noted, these forms are available for organizations on the *Fully-Administered* and *Self-Administered Programs*.

IRAdirect® Forms*



Benefit Claims

Beneficiary and Benefit Claims Processing

#80025 Traditional IRA Selection of Survivor Benefits – • Form 2321T (Pricing Code 1)

#22550 Roth IRA Selection of Survivor Benefits – Form • 2421R (Pricing Code 1)

 #27309 Beneficiary Payment Options for Traditional
 IRAs (Death Before Required Beginning Date) (Pricing Code 2)

#27373 Beneficiary Payment Options for Traditional
 IRAs (Death On or After Required Beginning Date) (Pricing Code 2)

#27374 Beneficiary Payment Options for Roth IRAs
• (Pricing Code 2)

#80018 Death Notice – Form 2320 (Pricing Code 1)



eResource Center

The eResource Center is full of information and tools to help you improve your IRA and savings plan programs. Be sure your IRA and marketing experts have access to this online resource so they can enroll for eBrochures and review sample lobby brochures, newspaper ads, and compliance and industry updates, as well as our many training opportunities. For IRAdirect users, the eResource Center link can be found on the IRAdirect homepage. Have questions about accessing the eResource Center? Call 800-356-9140.

- For Self-Administered Program clients only.
- •• For Fully-Administered Program clients only.

^{*} Unless otherwise noted, these forms are available for organizations on the Fully-Administered and Self-Administered Programs.



SEP Plans

Simplified employee pension (SEP) plans provide a unique retirement plan solution with tax benefits to small businesses and are easy to administer. Business owners have several plan options to choose from.

Prototype Plans

#400 Standard SEP Prototype Plan Kit

This easy-to-use IRS-approved kit includes the following.

- Employer Eligibility Form
- Plan Document
- Adoption Agreement
- Summary for Employees

#410 Universal SEP Prototype Plan Kit

This IRS-approved kit allows an employer to either establish or update a SEP plan, a salary reduction SEP (SAR-SEP) plan, or a combination plan (allowing employer and employee contributions).* This kit includes all the pieces offered in our Standard SEP Prototype Plan kit plus the following.

- Salary Reduction Agreement
- Discrimination Test Worksheet
- Top-Heavy Test Worksheet
- Notification of Excess Elective Deferrals/ Notification of Disallowed Deferrals

SEP Prototype Plan Employer Establishment Kits* #400 Standard SEP Plan

8½ x 11 Kit \$6.67 each

#410 Universal SEP Plan

9 x 12 Kit \$6.67 each

*Available to financial organizations that sponsor the appropriate prototype plan documents.

#411 and #421 SEP Plan Employee Information Booklets

The Department of Labor requires employers to provide a summary of the SEP plan to employees. These booklets are a simple solution to satisfy this requirement.

SEP Prototype Plan Employee Information Booklets*

#411 Universal SEP Plan

51/2 x 81/2 Booklet

Updated for 2016

3/2 X 0/2 DOOK	Ct				
Quantity	25	50	100	250	
Nonimprint	\$42	\$75	\$136	\$308	

#421 Standard SEP Plan

51/2 x 81/2 Booklet

3/2 X 0/2 BOOK					
Quantity	25	50	100	250	
Nonimprint	\$38	\$68	\$123	\$278	

^{*}Available to financial organizations that sponsor the appropriate prototype plan documents.

To enroll in the Ascensus SEP prototype plan document program, contact your Ascensus Sales Representative at 800-346-3860.

Need employee-level Traditional IRA opening documents? Refer to page 4 for additional information.

IRS Model-Based SEP Plan Kit

#416 5305-SEP Plan Kit

This IRS model kit includes the following.

- General information about the plan
- Employer eligibility checklist
- Instructions to establish the SEP plan
- IRS 5305-SEP plan document

#416 5305-SEP Plan Kit

8½ x 11 Booklet \$4.02 each

^{*}SAR-SEP plans may no longer be established. Existing plans established before January 1, 1997, however, may continue to be updated and funded.



SIMPLE IRA Plans

Savings incentive match plan for employees of small employers (SIMPLE) IRA plans are a cost-effective alternative to 401(k) plans.

Prototype Plan

#600 SIMPLE IRA Prototype Plan Kit

The Ascensus SIMPLE IRA prototype plan allows financial organizations the flexibility of determining designated financial institution (DFI) status. This IRS-approved kit includes the following.

- "About the SIMPLE IRA Plan" Feature Sheet
- Eligibility Form

8½ x 11 Kit

- Adoption Agreement
- Basic Plan Document
- Participation Notice & Summary Description
- Salary Reduction Agreement
- Instructions for Establishing the SIMPLE IRA Plan



\$6.67 each

*Available to financial organizations that sponsor the appropriate prototype plan documents.

To enroll in the Ascensus SIMPLE IRA prototype plan document program, contact your Ascensus Sales Representative at 800-346-3860.

SIMPLE

IRA PLAN

Savings Incentive

Match Plan

FOR

EMPLOYEES

Need employee-level SIMPLE IRA opening documents? Refer to page 4 for additional information.

IRS Model-Based SIMPLE IRA Plan Kits

#516 5305-SIMPLE IRA Plan Kit (For use as a DFI)

This IRS model kit includes the following.

- General information about the plan
- Employer eligibility checklist
- IRS 5305-SIMPLE plan document and instructions
- Participation Notice & Summary Description
- Salary Reduction Agreement

#517 5304-SIMPLE IRA Plan Kit (Not subject to DFI rules)

This IRS model kit includes the following.

- General information about the plan
- Employer eligibility checklist
- IRS 5304-SIMPLE plan document and instructions
- Participation Notice & Summary Description
- Salary Reduction Agreement

#516	5305-SIMPLE IRA Plan Kit	
8½ x 11	Kit	\$4.02 each

#517	5304-SIMPLE IRA Pla	n Kit
8½ x 1	l Kit	\$4.02 each



Qualified Retirement Plans

Ascensus' IRS-approved defined contribution qualified retirement plan (QRP) prototype plan documents are easy to use and provide you with a competitive advantage in the market.

PPA Prototype Plan Document Adoption Agreements*

Plan Type Form Number Plan Type Form Number

Super Simplified – ideal for employers who prefer to select only the basic provision choices such as eligibility and entry dates

-		- 4	- 1				
Pr	oti	t١	Sh	a	rı	n	0
	\mathbf{v}		,,,	ч			w

Standardized #4210

Money Purchase Pension

Standardized #4211

Individual(k)™

Standardized #4212 or #4312

Simplified – offers simplicity, while including key small business provisions, such as vesting options and Social Security integration

D (
Profi	IL OI	IIaiiii	ıu

Standardized #4220
Nonstandardized #4223

Money Purchase Pension

Standardized #4221

Nonstandardized #4224

401(k)

Standardized #4222

Nonstandardized #4222

Nonstandardized #4225

Flexible – provides more extensive provisions to meet most employers' business objectives

Profit Sharing

Standardized #4230 Nonstandardized #4233

Money Purchase Pension

Standardized #4231 Nonstandardized #4234

401(k)

Standardized #4232 Nonstandardized #4235

Comprehensive – accommodates highly customized plan designs on a sophisticated document

Profit Sharing

Standardized #4240 Nonstandardized #4243

Money Purchase Pension

Standardized #4241 Nonstandardized #4244

401(k)

Standardized #4242 Nonstandardized #4245

^{*}Available to financial organizations that sponsor the appropriate prototype plan documents.



Qualified Retirement Plan Kits

Each IRS-approved kit includes the following.

- Adoption Agreement
- Basic Plan Document
- Employee Data Worksheet (Form #208)
- Designation of Beneficiary (Form #481)

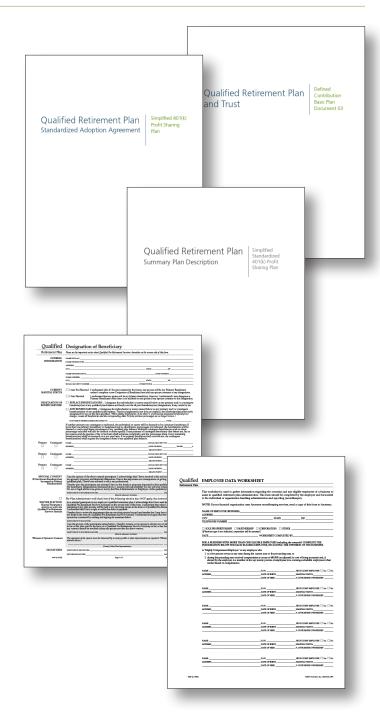
#4200-KT Qualified Retirement Plan Kit

9 x 12 Kit Includes one adoption agreement \$14.50

#4300-KT Individual(k) Plan Kit

9 x 12 Kit Includes one adoption agreement \$11.30

IMPORTANT: To properly establish or restate a defined contribution qualified retirement plan, employers must receive a basic plan document, an adoption agreement, a copy of its IRS favorable opinion letter, and any applicable interim amendments. Employers also should receive a summary plan description (SPD) and any other participant-level notices that are applicable to the types of plans being established or restated. All of Ascensus' prototype plan document sponsors receive qualified retirement plan supplemental documents and instructions for such amendments, SPDs, and notices.



For a complete list of QRP transaction forms, see page 22.

Plan Maintenance



QRP Document Service Options

The Pension Protection Act of 2006 (PPA) and other guidance have made profound changes that affect QRP operations, including 401(k), profit sharing, and money purchase pension plan rules. The IRS is requiring that all QRP documents be replaced with updated documents that incorporate those changes. As one of the nation's largest providers of QRP documents, Ascensus can supply you with all of your new PPA plan documents and offer QRP program support.

Ascensus PPA Documents

Ascensus' PPA documents are easy to use and provide plan document sponsors with a competitive advantage in the QRP market. The Ascensus PPA document is

- tailored to fit today's market,
- comprehensive for takeover business,
- simplified for mass marketing, and
- priced appropriately.

As an Ascensus plan document sponsor, depending on your business needs, you may receive your PPA documents in preprinted kits, through a copyright license agreement, or through Ascensus' Plan Adoption System™(PAS). You also will automatically receive future discretionary and required amendments to incorporate subsequent changes in QRP rules. Ascensus' documents include materials for communicating the changes to your employer plan clients and supplemental materials, such as participant notices.

Plan Adoption System™

Ascensus' PAS is an online application that organizes and selects the documents necessary to establish QRPs. It applies compliance logic to help you easily complete the plan establishment process and track plan documents. PAS also includes dynamic summary plan description (SPD) generation, based on the adoption agreement and elections.

Enhanced Services Amendment Mailing and Restatement Services

To help you inform your employer plan clients about changes in QRP rules, Ascensus can coordinate and fulfill discretionary and required amendments, including plan restatements, to your employer plan clients. Optional services include tracking employer plan client responses for signature events and taking employer plan client calls regarding the amendment.

Enhanced Document Compliance Service

As a plan document sponsor, keeping up with amendment mailings and restatements can be a complicated, time-consuming, and costly process. When you sign up for Ascensus' Document Compliance Service (DCS), Ascensus will handle the amendment and restatement process directly with your employer plan clients. For new plans, Ascensus will prepare all required prototype plan documents, including the SPD, and send them directly to the employer. Your employer plan clients and financial advisors have access to an Ascensus call center to get the answers to their plan document and amendment questions. DCS is an annual service and includes all amendments pertaining to rule changes each year in addition to complete restatement services every six years.

Enhanced Prototype Document Service

Ascensus can become your total outsource solution by taking care of the amendment and restatement processes for you and by being the prototype plan document sponsor for all your current and future employer plan clients. With the Prototype Document Service, Ascensus takes on all of your responsibilities as the plan document sponsor—including maintaining employer client data, maintaining plan document and amendment requirements and history, ensuring that employers adopt required amendments timely, and notifying the employers of disqualification issues. This service creates an ongoing agreement between Ascensus and each of your employer plan clients, who will have access to an Ascensus call center to get the answers to their plan document and amendment questions.

Plan Maintenance



Enhanced Services

	Financial Organization Document Sponsorship	Plan Adoption System	Fulfillment	Ongoing Document Amendments	Ascensus Document Sponsorship	Call Center
Amendment Mailing and Restatement Services						Optional
Document Compliance Service						
Prototype Document Service						

How efficient is your QRP program?

How much time do you spend updating your QRP documents?

Overwhelmed by the responsibilities of operating your QRP program?

Thinking about getting out of the QRP business?

Before making any decisions about your QRP program, contact your Ascensus Sales Representative at 800-346-3860. Find out how we can help streamline your plan establishment process and simplify your plan amendments and restatements.

Plan Maintenance



QRP Transaction Forms

#203 Deposit Form (Pricing Code A1)

This form documents deposits as well as investment changes.

#208 Employee Data Worksheet (Pricing Code A3)

This form is used to gather information regarding the owners and any eligible employees of a business to assist in plan administration.

#222 Qualified Plan Transfer Request (Pricing Code A1)

This form is used to authorize the transfer of plan assets and highlights the key issues an employer should consider when making a transfer of plan assets.

#223 Withholding Reminder Notice (Pricing Code A1)

The law requires a withholding notice at least annually to plan participants receiving certain periodic distributions. This form helps to keep your clients current on tax withholding rules and reminds them of the withholding elections previously made.

#272 401(k) Enrollment/ Investment Selection Form (Pricing Code A1)

With this form, employees can easily indicate their salary deferral status, select from the investment options available under the plan, and choose how they want their 401(k) contributions invested.

#481* Designation of Beneficiary (Pricing Code A1)

This form provides for designation of beneficiary and allows plan participants and their spouses to waive the qualified preretirement survivor annuity. All notices required as a part of the annuity waiver are provided on this form.

#482* Distribution Notice (Pricing Code A2)

This form contains all of the IRS-required information (under IRC Sec. 402(f)) that a plan administrator needs to provide to plan participants when distributions are made.

#486* Application For Distribution (Pricing Code A1)

Plan participants use this form to request distributions and to waive the qualified joint and survivor annuity and federal income tax withholding (Form W-4P).

Ascensus Offers 404(c) Compliance Assistance

ERISA Section (Sec.) 404(c) allows employers to shift responsibility for investment direction to the participants. Ascensus has all the resources available to help you assist employers with ERISA Sec. 404(c) compliance.

QRP Transaction Forms Pricing

Pricing Code A1

 Multi-Part, Carbonless, 8½ x 11

 Quantity
 50
 100
 250
 500**

 Nonimprint
 \$41
 \$69
 \$140
 \$220

Pricing Code A2

 Multi-Page, 8½ x 11

 Quantity
 50
 100
 250
 500**

 Nonimprint
 \$41
 \$69
 \$140
 \$220

Pricing Code A3

1-Part, 8½ x	11			
Quantity	50	100	250	500**
Nonimprint	\$17	\$32	\$65	\$105
Imprinted*	\$24	\$42	\$80	\$135

^{*} Imprinting includes up to four lines of type (black ink).

#237 QRP Plan Administrator's Guide #279 401(k) Plan Administrator's Guide

These guides are quick reference tools for plan administrators using Ascensus' defined contribution prototype plan document. These booklets are intended to alert plan administrators to various concepts and issues that are common to plan operations.

5½ x 8½ Booklet

Quantity	50	100	250	500**
Nonimprint	\$65	\$124	\$303	\$540

^{**}Additional quantities are available at a reduced fee.

#221 QRP Loan Kit

This kit contains everything a plan administrator using Ascensus' defined contribution prototype plan needs—including loan policy, loan application, and loan agreement.

8½ x 11, multiple pages with cover wrap \$10.02 each

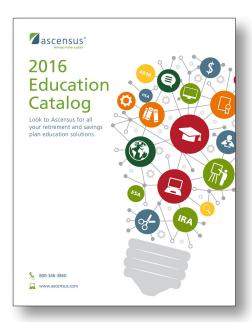
#760 Employee Investment Handbook #761 ERISA Section 404(c) Employer Guidelines #762 404(c) Employee Information Sheet Contact your Ascensus Sales Representative for pricing.

^{**}Additional quantities are available at a reduced fee.

^{**} Additional quantities are available at a reduced fee.

More from Ascensus





Learn From Ascensus' Professional Trainers

Ascensus is the foremost provider of retirement and savings plan education. We deliver training that simplifies processes and promotes growth within financial organizations.

Choose from multiple delivery methods of training for you and your staff: instructor-led training, distance learning, and internal training products.

Visit www.ascensus.com for a current listing of available education events.

Looking for continuing education credits?

Earning and maintaining a professional designation is an excellent way to obtain proficiency. It also proves your dedication to developing your career. Ascensus programs are submitted for numerous designations, including CISP, CTFA, CRSP, CFP, CIS, and CIP.

Contact Ascensus at 800-346-3860 or 800-356-9140, to learn if specific continuing education credits have been approved.



Resource Solutions

Lobby Brochures

Ascensus' lobby brochures provide your clients with general consumer education about the retirement and savings plan products that your organization promotes. Use lobby brochures separately or package them with your organization's other promotional materials.

Technical References

Provide your clients more efficient, quality service and stay in compliance while supporting your knowledge base with Ascensus' retirement and savings plan desktop guides and comprehensive reference materials.

Training Products

Ascensus knows that a successful retirement or savings plan program depends on a well-trained team. But conducting your own training can be challenging and time-consuming. Ascensus' training products provide everything you need for effective retirement and savings plan training—at your pace and on your schedule.

Visit the Resource Solutions eCatalog at www.ascensus.com/catalogs.

Order Form

me of Person Ordering: Email:	SHIP TO (Provide if different than billing address.) Note: We cannot ship to a BO. Box. Organization: Ses: Address: Addr	me of Person Ordering Email:		ensus EMAIL: cus ONLINE: w MAIL TO:	00-346-3860, option 2, suboption tomersupport@ascensus.com ww.ascensus.com Ascensus, P.O. Box 979, Brainerd, Brainerd, Exemsus Order of the Statement of the Statement of Steenists by clicking the Sut	MN 56401	OR 218-825-5010 by and send
Note: We cannot ship to a P.O. Box. Organization: Organization: Organization: Attention: Address: Address: Address: Address: City: State: To jp: Phone: Phone: Phone: Phone: Secial Instructions: Secial Instructions: We ship regular UPS service. Indicate if another option is desired. Overnight Two-Day Other: Date Order Expected: Date Order Expected: Organization: Note: We cannot ship to a P.O. Box. Organization: Organization: Attention: Attention: Attention: Address: Address: City: State: Zip: Phone: Phone: Special Instructions: Attention: Address:	Note: We cannot ship to a BO. Box. Organization:	Note We cannot ship to a P.O. Box. Organization: Organization: Organization: Organization: Address: Ad	ame of Person Orde			mu Oraer vaiion	i veiviv.
Note: We cannot ship to a RO. Box. Organization: Organization: Organization: Organization: Organization: Organization: Attention: Attention: Address: Address: Address: Address: City: State: Zip: Phone: Date Order Expected: Date Order Expected: Date Order Expected: Overnight Two-Day Other: Date Order Expected: Organization: Note: We cannot ship to a RO. Box. Organization: Organization: Attention: Attention: Address: Attention: Address: Address: City: State: Zip: Phone: Phone: Phone: Phone: Phone: Phone: Date Order Expected: Overnight Two-Day Other: Overnight Two-Day O	Note: We cannot ship to a BO. Box. Organization:	Note We cannot ship to a P.O. Box. Organization: Organization: Organization: Organization: Address: Ad		0			
Note: We cannot ship to a P.O. Box. Organization: Organization: Organization: Attention: Address: Address: Address: Address: City: State: To jp: Phone: Phone: Phone: Phone: Secial Instructions: Secial Instructions: We ship regular UPS service. Indicate if another option is desired. Overnight Two-Day Other: Date Order Expected: Date Order Expected: Organization: Note: We cannot ship to a P.O. Box. Organization: Organization: Attention: Attention: Attention: Address: Address: City: State: Zip: Phone: Phone: Special Instructions: Attention: Address:	Note: We cannot ship to a BO. Box. Organization:	Note We cannot ship to a P.O. Box. Organization: Organization: Organization: Organization: Address: Ad		n appacatic) Organization i			
Organization: Attention: Attention: Attention: Attention: Address: Address: City: City: State: Zip: Phone: Phone: Phone: Special Instructions: See ship as the ship as guilar UPs service. Indicate if another option is desired. To discuss your order or to inquire about product customization, call Customer Service at 800-346-3860, option 2, suboption 1. Description Quantity Choose one option per item.) Stock Imprint* Description Organization: Attention: Attenti	organization: Attention: Ses: Address: Address: Address: City: State: Zip: Phone: Special Instructions: Special Instructions: Special Instructions: We ship regular UPS service. Indicate if another option is desired. Overnight: Date Order Expected: Date Order Expected: Description Quantity (Choose one option per item) Stock Imprint: Stock Imprint: Organization: 9, RETURNOM: Sock uniform with practice shipped regular UPS service. Indicate if another option is desired. See and first with practice of the shipped regular UPS service. Indicate if another option is desired. Overnight: Description Quantity (Choose one option per item) Stock Imprint: Stock Imprint: Stock Imprint: Stock Imprint: Organization: 9, RETURNOM: Organization	Organization: Attention: Attention: Attention: Attention: Attention: Address: Address:			. 5 55		
Address:	Attention: Attention: Attention: Address: Address: Address: Address: City: City: State: Zip:	Address: Attention: Saddress: Attention: Saddress: Attention: Saddress: Sadd	0			ot ship to a P.O. B	Sox.
Address: Angresc purchaster of the bots all antice for th	Address:	Address:			0		
Address: Address: Address: City:	Address: Address: State: Zip: State: Zip: Special Instructions:	Address: Size Size					
Address: City:	Address: City:	Address: Size: Zip: State: Zip: Stat					
ate:	State: Zip:	state: Zip:	ity:				
Phone: Special Instructions: Special Instr	Exempt Certificate No.:	Phone Special Instructions: Special Instruction:					
Special Instructions: Fapplicable, pleus attach a copy of the certificate.) To discuss your order or to inquire about product customization, call Customer Service at 800-346-3860, option 2, suboption 1. Date Order Expected: Date Order Exp	Special Instructions:	Special Instructions: Special Instructions: Speci					
To discuss your order or to inquire about product customization, call Customer Service at 800-346-3860, option 2, suboption 1. We ship regular UPS service. Indicate if another option is desired. Overnight Two-Day Other: Date Order Expected: Product # Description Quantity (Choose one option per item.) Stock Imprint* Imprint	To discuss your order or to inquire about coduct customization, call Customer Service at 800-346-3860, option 2, suboption 1. Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Description Quantity Choose one option per item.) Stock Imprint* Our Usuance of with a packaging Description of the added to the cadded	To discuss your order or to inquire about product customization, call Customer Service at 800-346-3860, option 2, suboption 1. Description Ouantity Other:					
To discuss your order or to inquire about product customization, call Customer Service at 800-346-3860, option 2, suboption 1. We ship regular UPS service. Indicate if another option is desired. Overnight Two-Day Other:	We ship regular UPS service. Indicate if another option is desired. We ship regular UPS service. Indicate if another option is desired. Overnight Two-Day Other: Date Order Expected: Description Quantity Choose one option per item.) Stock Imprint*	To discuss your order or to inquire about product customization, call Customer Service at 800-346-3860, option 2, suboption 1. We ship regular UPS service. Indicate if another option is desired. Overnight Two-Day Other: Date Order Expected: Description Quantity Choose one option per item. Stock Imprint* Our Discussion of the previous of the pre	^c applicable, please at	ttach a copy of the certificate.)	opeciai instructions.		
- us hours. ur respond to			product custom	nization, call Customer Service	☐ Overnight ☐ Two-Day	te if another option i	is desired.
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	is desired.
			at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	is desired.
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	otion per item.) Imprint*
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	other:	is desired.
			at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	(Choose one op Stock	is desired.
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	(Choose one op Stock	is desired.
			at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	(Choose one op Stock	is desired.
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	otion per item.) Imprint*
			at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	otion per item.) Imprint*
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	otion per item.) Imprint*
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	otion per item.) Imprint*
			at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option in Other:	is desired.
			at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option i Other: (Choose one op Stock	otion per item.) Imprint*
			product custom at 800-346-3	nization, call Customer Service 1860, option 2, suboption 1.	☐ Overnight ☐ Two-Day Date Order Expected:	te if another option in Other:	is desired.
Imprinting Instructions (as applicable): Shipping handling and applicable state and	printing Instructions (as applicable): Shipping headling and applicable state and		product custom at 800-346-3 Product #	Description Description	Overnight Two-Day Date Order Expected: Quantit	te if another option in Other:	is desired.
mprinting Instructions (as applicable): D# Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not	orinting Instructions (as applicable): Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not	local taxes will be added to your invoice. Please do not	product custom at 800-346-3 Product #	Description Description	Overnight Two-Day Date Order Expected: Quantit Shipping, handling local taxes will be addee	te if another option in Other: (Choose one op Stock	otion per item.) Imprint*
mprinting Instructions (as applicable): D# local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	orinting Instructions (as applicable): Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	product custom at 800-346-3 Product #	Description Description Description	Overnight Two-Day Date Order Expected: Quantit Shipping, handling local taxes will be addee	te if another option in Other: (Choose one op Stock	otion per item.) Imprint*
nprinting Instructions (as applicable): D# Column C	orinting Instructions (as applicable): Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	product custom at 800-346-3 Product #	Description Description Description	Overnight Two-Day Date Order Expected: Quantit Shipping, handling local taxes will be addee	te if another option in Other: (Choose one op Stock	otion per item.) Imprint*
mprinting Instructions (as applicable): D# Include I	Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	product custom at 800-346-3 Product # Product	Description Description Description	Overnight Two-Day Date Order Expected: Quantit Shipping, handling local taxes will be addec submit payment. You v	(Choose one op Stock	is desired.
Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order. Submit Order	Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order.	local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order. Submit Order	product custom at 800-346-3 Product # prod	Description Description Description	Overnight Two-Day Date Order Expected: Quantit Shipping, handling local taxes will be addec submit payment. You v	(Choose one op Stock	is desired.
Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order. Submit Order	Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order. Submit Order	local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order. Submit Order	product custom at 800-346-3 Product # Product	Description Description Description	Overnight Two-Day Date Order Expected: Quantit Shipping, handling local taxes will be addee submit payment. You v	(Choose one op Stock Gardina and applicable sto your invoice. It is in the control of the contr	otion per item.) Imprint* Impr
mprinting Instructions (as applicable): D# Include I	Shipping, handling, and applicable state and local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order. Submit Order If you do not receive an email confirmation for your order	local taxes will be added to your invoice. Please do not submit payment. You will be invoiced for your order. Submit Order ther Imprint Instructions: If you do not receive an email confirmation for your order	mprinting Instruc D# nee 1 nee 2 nee 3 nee 4	Description Description Description	Overnight Two-Day Date Order Expected: Quantit Shipping, handling local taxes will be addec submit payment. You v Subn If you do not receive an ema	(Choose one op Stock (Choose one op Stock , and applicable s to your invoice. iil be invoiced for	otion per item.) Imprint*

Download order form.





registrationassistance@ascensus.com



www.ascensus.com





