



# SIMPLE IRA Contribution Transmittal Form

www.schwab.com 1-800-435-4000 (inside the U.S.) +1-415-667-8400 (outside the U.S.) 1-888-686-6916 (multilingual services)

### Instructions

- Use this form to remit SIMPLE IRA contributions for your plan to Schwab. **All requested information is required. Unclear, incomplete or incorrect instructions (e.g., your check amount and your contribution allocations do not match) may result in delays in processing, including returning your check and instructions to you for clarification.** Make a photocopy of this form for future use or visit www.schwab.com to download additional copies.
- As an alternative, you may remit your plan contributions by creating your own spreadsheet that provides the same information that we request in Section 2. **If using this option, please be sure to sign this SIMPLE IRA Contribution Transmittal Form and print and attach your spreadsheet to the signed form before mailing it.**

### Contributions by MoneyLink

- To make a contribution using MoneyLink, you must first enroll your bank account by completing the Schwab MoneyLink® Electronic Funds Transfer Form. Allow up to two weeks for Charles Schwab & Co., Inc. to receive and enroll your account before using this transmittal form to request your first transfer.
- Fax the form to a Schwab Operations Center at 1-888-526-7252 or 1-800-955-7561.

### Contributions by Check

- Make your check payable to "CS&CO., Inc. FBO (your company name)" (for example: "CS&CO., Inc. FBO Happycat Design, Inc.").
- Mail this form and your check to your nearest Schwab Operations Center using the following addresses:

Charles Schwab & Co., Inc. P.O. Box 628291 Orlando, FL 32862-8291	Charles Schwab & Co., Inc. P.O. Box 982600 El Paso, TX 79998-2600
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For additional information regarding your SIMPLE IRA contribution and completing this form, see instructions above.

## 1. Employer Information (Required)

_____		_____	
Business Name of Employer		Employer's Federal Tax ID Number (EIN)	
_____		_____	
Business Street Address	City	State	Zip Code
_____		_____	
Business Telephone Number	Schwab SIMPLE IRA Master Account Number		

## 2. Transmittal Instructions (Required. Check one.)

- Deposit the enclosed check and allocate the contribution as listed in Section 3.
- Transfer the amount below using MoneyLink and allocate the contribution as listed in Section 3.

\$ \_\_\_\_\_

_____	_____	_____
MoneyLink Transfer Amount	U.S. Bank/Other Financial Institution Name	Account Number

**NOTE:** To make a contribution using MoneyLink, you must first enroll your account by completing the Schwab MoneyLink® Electronic Funds Transfer Form. Allow up to two weeks to receive and enroll your account before using this transmittal form to request your first transfer.

**3. Contribution Information (Required)**

Employee Name	Employee Schwab Account Number	Employee Social Security Number	Employee Salary Deferral	Employer Contribution	Total Contribution
Example: Ann Smith	XXXX-XXXX	XXX-XX-XXXX	\$250.00	\$250.00	\$500.00
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
Totals*			\$ _____	\$ _____	\$ _____

\*To ensure timely processing, the Total Contribution amount must match the amount of your MoneyLink transfer or enclosed check.

**4. Employer Authorization**

I authorize and direct Schwab to deposit the dollar amounts as designated above. I understand that it is my responsibility to ensure that the contribution instructions are clear, complete, correct and submitted to Schwab in a timely manner. I agree that Schwab will not be held responsible for delays in depositing contributions if Schwab finds the contribution instructions unclear, incomplete or incorrect. I indemnify and hold Schwab harmless for any loss, claim, expense or other liability that may arise from Schwab acting upon my instructions and complying with any applicable laws and regulations that require reporting of contributions.

**X** \_\_\_\_\_ Today's Date (mm/dd/yyyy)

Signature: Employer or Authorized Representative of Employer

Print Name