

SIMPLE IRA Contribution Transmittal Form



ATTN: APEX DOC IMAGING Date: _____

SECTION 1 - EMPLOYER INFORMATION (please complete all information)

| | |
|--------------|----------------|
| Company Name | Simple Plan Id |
| Address | City/St/Zip |
| Phone | Contact Name |

SECTION 2 - CONTRIBUTION INSTRUCTIONS

Internal Revenue Service (IRS) regulations require APEX to report employer contributions (including employee salary deferrals) in the calendar year in which they are made. All Tax Year entries in the table below are for your record-keeping and bookkeeping purposes only.

Select deposit type:

| | |
|---|--|
| <input type="checkbox"/> Wire | <input type="checkbox"/> ACH/EFT |
| <input type="checkbox"/> Check (mailing instructions below) | <input type="checkbox"/> Journal from acct # _____ |

Mail all checks with this form to:

APEX Clearing, ATTN: Treasury Dept., 2 Journal Square Plaza - 3rd FL, Jersey City, NJ, 07306

For all other payment types (Journal, Wire, or ACH/EFT) please send the completed form to your **introducing broker (IB)**.

Total Deposit \$ _____ (amount must be equal to sum of all entries below)

| Employee Name | Account Number | Tax Year | Employer Amount | Employee Amount |
|---------------|----------------|----------|-----------------|-----------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | TOTALS | | \$ | \$ |

I authorize and direct APEX 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 APEX in a timely manner. I assume full responsibility for these transactions and I agree that APEX will not be held responsible for delays in depositing contributions if they find the contribution instructions unclear, incomplete or incorrect. All information provided by me is true and correct and may be relied upon by APEX. I release, indemnify and hold APEX Clearing Corporation and its officers, directors, employees, affiliates, assigns, agents, employees or successors harmless from and against any and all liabilities, damages, losses, costs (including attorney's fees), claims or actions arising from or related to APEX acting upon my instructions and complying with any applicable laws and regulations that require reporting of contributions.

Employer or Authorized Representative of Employer

Date (mm/dd/yyyy)

Print Name

Title

Instructions

- Use this form to remit SIMPLE IRA contributions for your employee's salary deferral and your employer (matching or non-elective) contributions. 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 return of your check to you.
- If you prefer, 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 write 'See Attached' on the form, sign this SIMPLE IRA Contribution Form and print and attach your spreadsheet to the signed form before mailing it.
- For efficient processing, please forward your instructions to your **IB**. Your broker will forward the form once the instructions have been received from you.
- For **IBs** - upon receipt, please forward instructions to **Document Imaging** for processing.