

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

GENERAL INFORMATION

Participant: _____ SSN: _____ E-mail: _____

Residence Address: _____

TRADITIONAL IRA, SEP IRA OR SIMPLE IRA

Type of Deposit (Check one): _____ **Amount of this Deposit: \$** _____

Traditional IRA regular contribution (including spousal) for tax year _____

Rollover from another traditional IRA. Type of traditional IRA being rolled: _____

Traditional IRA recharacterization from a Roth IRA of \$ _____ plus earnings of \$ _____

Regular contribution for tax year _____; or conversion.

SEP IRA. Name of Employer: _____

SIMPLE IRA. Name of Employer: _____

Amount of Deferral \$ _____ Rollover from another SIMPLE IRA \$ _____

Amount of Employer Contribution \$ _____ Transfer from another SIMPLE IRA \$ _____

Rollover/Direct Rollover from an Employer's Plan to a traditional IRA (other than a Designated Roth Contribution Account).

Transfer from another Traditional IRA or SEP IRA. Transfer received from: _____

ROTH IRA

Roth IRA regular contribution (including spousal) for tax year _____

Roth IRA Conversion from a Traditional IRA

Roth IRA Conversion from an Employer's plan (other than a Designated Roth Contribution Account).

Roth IRA Transfer from another Roth IRA. Transfer received from: _____

Roth IRA Rollover from another Roth IRA

Roth IRA Recharacterization of a regular contribution from a Traditional IRA of \$ _____ plus earnings of \$ _____ for tax year _____

Rollover/Direct Rollover from a Designated Roth Contribution Account to a Roth IRA

DEPOSIT INFORMATION

PLEASE REMIT THIS FORM WITH YOUR CONTRIBUTION PAYABLE TO:

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

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

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

If the existing IRA plan into which this additional contribution is being made consists of rollover assets from an employer plan, I hereby acknowledge that commingling regular IRA contributions with rollover/direct rollover contributions from employer plans may preclude me from rolling over funds in my rollover IRA into another Employer's plan. With such knowledge, I authorize and direct the Trustee/Custodian to place this contribution - deposit in my rollover IRA or visa versa. If this additional contribution is being made into a SIMPLE IRA, I acknowledge that only elective deferrals and/or employer contributions under an employer's SIMPLE Retirement Plan can be made into this SIMPLE IRA.

Participant's Signature: _____ Date: _____