

ASBA® SUPPLEMENTAL RETIREMENT PLAN

Participant Enrollment Form

See mailing instructions below*

MEMBER ENROLLMENT

Member's Name: _____

Home Address: _____

Social Security Number: _____

Date of Birth: _____ Gender: Male Female

Telephone: (Home) _____

(Work) _____

Beneficiary: (Primary) _____

(Contingent) _____

FUNDING ACCOUNT - FIXED

IRA

Traditional: Amount Tax Year

Regular Contribution \$ _____

Rollover \$ _____ N/A

Roth:

Regular Contribution \$ _____

Rollover (Roth to Roth) \$ _____ N/A

NON-QUALIFIED DEFERRED ANNUITY \$ _____ N/A

Member's Signature _____

Date _____

SPOUSE ENROLLMENT

Spouse's Name: _____

Home Address: _____

Social Security Number: _____

Date of Birth: _____ Gender: Male Female

Telephone: (Home) _____

(Work) _____

Beneficiary: (Primary) _____

(Contingent) _____

FUNDING ACCOUNT - FIXED

IRA

Traditional: Amount Tax Year

Regular Contribution \$ _____

Rollover \$ _____ N/A

Roth:

Regular Contribution \$ _____

Rollover (Roth to Roth) \$ _____ N/A

NON-QUALIFIED DEFERRED ANNUITY \$ _____ N/A

Spouse's Signature _____

Date _____

The Depositor named above hereby establishes an IRA and/or a Non-Qualified Deferred Annuity with the Custodian to provide for the Depositor's retirement and for the support of his or her beneficiaries after death.

This agreement is not effective until accepted by the Administrator on behalf of the Custodian.

Administrator's Signature _____


(Authorized Signature)

201008A

***Make your check payable to:**

ASBA®- SRP

A \$25.00 service charge will be assessed on all returned checks.

Mail this form with check to:

ASBA® Supplemental Retirement Plan

P.O. Box 2899

Virginia Beach, Virginia 23450

QUESTIONS

Call the Supplemental Retirement Plan Administrator (IPC): 800-368-3515