

Participant Enrollment Form

See mailing instructions below*

CLIENT ENROLLMENT

Client's Name: _____ Date of Birth: _____
 Home Address: _____ Social Security Number: _____
 _____ Gender: Male Female
 Telephone: (Home) _____ (Work) _____
 Beneficiary: (Primary) _____
 (Contingent) _____

SPOUSE ENROLLMENT

Spouse's Name: _____ Date of Birth: _____
 Home Address: _____ Social Security Number: _____
 _____ Gender: Male Female
 Telephone: (Home) _____ (Work) _____
 Beneficiary: (Primary) _____
 (Contingent) _____

FUNDING ACCOUNT - FIXED

IRA

Traditional:

	<input type="checkbox"/> CLIENT		<input type="checkbox"/> SPOUSE	
	Amount	Tax Year	Amount	Tax Year
Regular Contribution	\$ _____	_____	\$ _____	_____
Rollover	\$ _____	N/A	\$ _____	N/A

Roth:

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

NON-QUALIFIED

DEFERRED ANNUITY	\$ _____	N/A	\$ _____	N/A
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Client's Signature: _____ Date: _____

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. The Custodian will countersign below upon receipt.

Administrator's Signature _____
 (Authorized Signature. Will be signed upon acceptance.)

21004

*Make your check payable to:

NATRIP
 (Make sure the letters NATRIP appear on your check)

Mail this form with check to:

NATRIP Supplemental Retirement Plan
 P.O. Box 2899
 Virginia Beach, Virginia 23450

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

QUESTIONS

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