

MISSIONSQUARE ROTH IRA Enrollment and Contribution Election Form

Use this form to establish your account and /or make contributions elections for your MISSIONSQUARE ROTH IRA at MissionSquare Retirement.

I want to: ☐ Enroll / Start My Contributions ☐ Change My Contributions

PERSONAL INFORMATION

EMPLOYER PLAN NAME: MISSIONSQUARE ROTH IRA 706139		
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES	DATE OF BIRTH: MM/DD/YYYY	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
MAILING ADDRESS:		
STREET	CITY	STATE ZIP
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	DATE OF HIRE: MM/DD/YYYY

CONTRIBUTION AMOUNT

I authorize my employer to contribute the amount specified below from my pay each pay period. Your contributions will be maintained based upon the information entered in this form. Contributions will begin as soon as administratively feasible under your plan.

Roth contributions of _____% OR \$_____ from my pay each pay period.

SIGNATURE

By submitting this form, you understand you are authorizing your plan sponsor to enroll you and/or update your contributions in MISSIONSQUARE ROTH IRA Plan at MissionSquare Retirement.

Note that upon enrollment your entire account is invested in the Plan's default investment selection until you select your investment allocations. To see information on the default fund for MISSIONSQUARE ROTH IRA 706139 as well as performance and fees of available investment options go to www.missionsq.org/enroll

Employee Signature: _____ Date: _____

SUBMIT THE COMPLETED FORM TO YOUR EMPLOYER. RETAIN A COPY FOR YOUR RECORDS