

ADDITIONAL CONTRIBUTION ACKNOWLEDGEMENT

LiveWell® Mutual Fund IRA Series

SAMMONS
Retirement Solutions®

Sammons Retirement Solutions®
P.O. Box 758547, Topeka, KS 66675-8547

Overnight: Mail Zone 547, 5801 SW 6th Ave.
Topeka, KS 66636-1001

Phone: 1-866-747-3421 | **Fax:** 1-866-511-7038

Instructions

I am using this form to:

- Establish/Change/Cancel systematic contributions from my account at my financial institution into my Sammons Retirement Solutions® Account – Complete Sections 1, 2, and 4.
- Apply a one-time personal or rollover contribution to my Sammons Retirement Solutions Account – Complete Sections 1, 3, and 4.

1. Account Information

Please provide all requested information.

Sammons Retirement Solutions Account Number

Account Holder's Name (first, middle initial, last)			SSN
Street Address			Apartment/Suite Number
City	State	ZIP	Phone Number

2. Systematic Contribution Information

Include a preprinted, voided check or letter from the bank on their letterhead for the Automated Clearing House (ACH) debit to ensure accurate account information.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

I would like to:

- Establish periodic payments into my Sammons Retirement Solutions Account listed above via Automated Clearing House (ACH) payments from my checking/savings account listed below – complete the remainder of this section and sign the form.
- Change the existing systematic contribution information – complete the remainder of this section and sign this form.
- Cancel the existing systematic contributions – check here and sign this form.

Systematic Contribution Authorization

I authorize Sammons Retirement Solutions to automatically withdraw periodic payments from my account listed below, and credit these periodic payments to my Sammons Retirement Solutions Account.

Please complete the financial institution information below. This authorization will remain in effect until Sammons Retirement Solutions and the financial institution have each received written notification of its termination in such time and in such manner as to afford Sammons Retirement Solutions and the financial institution a reasonable opportunity to act on the request.

Name(s)** on Account (first, middle initial, last)		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name		Financial Institution Phone Number
Financial Institution Routing Number (ABA #)	Financial Institution Account Number	

Please debit (payment amount) \$ _____ (minimum of \$100 required) Starting* (mm/dd/yyyy) ____ / ____ / _____

Please withdraw in the following frequency: Monthly Quarterly Semi-Annually Annually

* Please select a day of the month between the 1st and the 28th. If the date is not complete or an invalid date is chosen, the form will be considered "Not in Good Order." If the elected start date has already passed, the first payment will be processed one modal frequency from the elected start date. If the elected date is not a business day, the payment will be processed on the next available business day.

** If there is a joint owner on the bank account, the joint owner must sign in section 4.



3. One-Time Contribution Information

All personal contributions for a previous tax year must be postmarked by April 15th. Please include the Sammons Retirement Solutions Account Number in the memo section of your check.

Send this completed form with check payable to: UMB Bank NA FBO: (Account Holder's Name)

Regular/First Class Mail	Overnight Mail
Sammons Retirement Solutions	Sammons Retirement Solutions
P.O. Box 758546	5801 SW 6th Avenue
Topeka, KS 66675-8546	Topeka, KS 66636-1001

Contribution Type (please select one):

Personal Contribution

- **If you are under 50 years of age at the end of the tax year 2018/2019:** The maximum contribution that you can make to a Traditional or Roth IRA is the lesser of \$6,000 (\$5,500 for 2018) or the amount of your taxable compensation for 2018/2019. This limit can be split between a Traditional and a Roth IRA, but the combined limit is \$6,000 (\$5,500 for 2018). The maximum contribution to a Roth IRA and the maximum deductible contribution to a Traditional IRA may be reduced depending upon your Modified Adjusted Gross Income (Modified AGI).
- **If you are 50 years of age or older before the end of the tax year 2018/2019:** The maximum contribution that can be made to a Traditional or Roth IRA is the lesser of \$7,000 (\$6,500 for 2018) or the amount of your taxable compensation for 2018/2019. This limit can be split between a Traditional and a Roth IRA, but the combined limit is \$7,000 (\$6,500 for 2018). The maximum contribution to a Roth IRA and the maximum deductible contribution to a Traditional IRA may be reduced depending upon your Modified Adjusted Gross Income (Modified AGI).
- **SEP-IRA Contributions:** The maximum contribution that you can make is the lesser of: 1) 25% of compensation, or 2) \$55,000 for 2018 and \$56,000 for 2019.
- Sammons Retirement Solutions does not give tax, legal, or investment advice. Please consult with and rely upon your own tax, legal, or investment advisor(s).

Contribution Year and Amount: Year* _____ Amount \$ _____ | Year* _____ Amount \$ _____

* If no tax year is indicated on your check or this form, it will be reported as a current tax year contribution.

Rollover Contribution

- **Rollover Contributions:** 60-Day Rollover – Qualifying Rollover processed less than 60 days ago. These funds are being deposited within the allowable 1 rollover per 12-month period.

Contribution Amount (minimum of \$1,000 required): \$ _____ Account Type: IRA Roth IRA* SEP-IRA**

* Roth IRA: If Transfer, provide original conversion/establishment date and amount: _____

** SEP-IRA: Employer Name: _____

4. Signatures

If section 2 is completed, the Account Holder must sign. If section 3 is completed, the Account Holder or Registered Representative must sign.

If there is a joint owner on the bank account, the joint bank account owner must sign.

Account Holder's Signature	Date Signed
Joint Bank Account Owner's Signature	Date Signed
Registered Representative's Signature	Date Signed

If your request is not in good order, how would you like us to notify you?

- Call me at ____ - ____ - ____ Mail a letter to my address of record Contact my Registered Representative

UMB Bank n.a. is the custodian for the LiveWell® Mutual Fund IRA Series. The mutual funds offered through the LiveWell® Mutual Fund IRA Series are made available through Sammons Financial Network® LLC, member FINRA, 4546 Corporate Drive, Suite 100, West Des Moines, IA 50266. Information about the LiveWell® Mutual Fund IRA Series and its funds can be obtained by calling 866-747-3421. Sammons Institutional GroupSM, Inc., Sammons Retirement Solutions® (a division of Sammons Institutional Group), and Sammons Financial Network LLC, member FINRA are affiliated companies and are not affiliated with UMB Bank n.a.

Sammons Institutional GroupSM, Inc. and its affiliated companies do not give tax, legal, or investment advice. Please consult with and rely on your own tax, legal, or investment professional(s).