

SIMPLE IRA Contribution Notice



Complete this form to establish or change your salary reduction agreement with your employer. *Note: Details regarding your company's salary reduction agreement should be reviewed in the materials provided by your employer. In addition, IRS Forms 5304-SIMPLE and 5305-SIMPLE contain information regarding salary reduction limits and IRS guidelines.*

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Your Opportunity to Participate in a SIMPLE IRA Plan

You are eligible to make salary reduction contributions to the SIMPLE IRA plan of:

Name of Employer/Company

2. Employer Contribution Election

Employer—please enter the year and select **one** option.

For the calendar year , the employer will contribute to your SIMPLE IRA:

- A matching contribution up to a limit of % of your compensation for the year. (Percentage not to exceed 3%)
- A non-elective contribution equal to 2% of your compensation for the year (based on the annual compensation maximum) if you are an employee who makes at least \$ in compensation for the year.

Note: Refer to [IRS.gov](https://www.irs.gov) for current annual contribution and compensation limits.

3. Administrative Procedures

Employer—please insert a contact name and a date that is at least 60 days after distributing this notice.

Please complete Section 4 below and **return this form to:**

Contact Name

by:

Date

4. Participant Election

New Participants:

- I will participate in the SIMPLE IRA and have attached a SIMPLE IRA Salary Reduction Agreement and a SIMPLE IRA New Account Application to this Notice.
- I will not participate in the SIMPLE IRA at this time but understand that I may participate at a later date.

Current Participants:

- I wish to maintain my current salary reduction contribution elections.
- I wish to change my contributions as noted on the attached Salary Reduction Agreement.
- I wish to discontinue salary reduction contributions.

5. Acknowledgments and Signature Authorization

By signing below, you:

- Understand that all Systematic Investment and Withdrawal Programs, Systematic Withdrawal by Check and Systematic Exchange continue indefinitely (including through a fund reorganization) until or unless you request cancellation or are deemed a "lost shareholder."
- Acknowledge that (i) if the Fund determines that you are a lost shareholder, all account activity, program elections and mailings may be suspended; and (ii) account assets may be transferred to the appropriate state if no activity or communication occurs in your account within the time period specified by state law.

Participant Name (please print)

Participant Signature

Date

Client Services 1-800-341-7400, Option 4

For more information, visit our website at [FederatedHermes.com/us](https://www.FederatedHermes.com/us)

Federated Shareholder Services Company