

SIMPLE IRA Payroll Contribution Allocation Worksheet



Complete this form during each payroll process to gather the amount to invest in each participant's account(s).

As the administrator of the SIMPLE IRA Plan, you are responsible for maintaining Salary Reduction Agreements for all plan participants and providing investment instructions each time you make contributions. Allocation changes **must** be indicated in Section 2.

The minimum salary reduction contribution is \$25 per participant, per fund.

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

1. Employer Information

Name of Employer		Employer Contact Name and Title			
Street Address		City	State	Zip Code	
Mailing Address (if different)		City	State	Zip Code	
Employer Email Address	Contact Phone Number		Contact Fax Number		

2. Participant Information and Contribution Details

Attach a SIMPLE IRA New Account Application for each new participant.

*If you provide fund allocation percentages, only fill in dollar amounts in the Salary Reduction and Employer Contribution **total** boxes.

Contribution Tax Year Total Amount of Check: \$

Participant Name	Fund Name and Share Class or Fund Number	Allocation Percentage	Salary Reduction	Employer Contribution
<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
Name				
<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
Social Security or Tax ID Number				
<input type="checkbox"/> Check this box if you are making an allocation change	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
		100%	\$ <input type="text"/> *	\$ <input type="text"/> *
<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
Name				
<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
Social Security or Tax ID Number				
<input type="checkbox"/> Check this box if you are making an allocation change	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
		100%	\$ <input type="text"/> *	\$ <input type="text"/> *

2. Participant Information and Contribution Details (continued)

Participant Name	Fund Name and Share Class or Fund Number	Allocation Percentage	Salary Reduction	Employer Contribution
<input type="text"/> Name	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> Social Security or Tax ID Number	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Check this box if you are making an allocation change	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
		100%	\$ <input type="text"/> *	\$ <input type="text"/> *
<input type="text"/> Name	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> Social Security or Tax ID Number	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Check this box if you are making an allocation change	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
		100%	\$ <input type="text"/> *	\$ <input type="text"/> *
<input type="text"/> Name	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> Social Security or Tax ID Number	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Check this box if you are making an allocation change	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
		100%	\$ <input type="text"/> *	\$ <input type="text"/> *

Important Notes:

All Systematic Investment and Withdrawal Programs, Systematic Withdrawal by Check and Systematic Exchange continue indefinitely (including through a fund reorganization) until or unless a cancellation is requested or a participant is deemed a "lost shareholder."

If the Fund determines that a participant is a lost shareholder, all account activity, program elections and mailings may be suspended; and account assets may be transferred to the appropriate state if no activity or communication occurs in the account within the time period specified by state law.

3. Mailing Instructions

Once your employees have returned their forms to you, mail all SIMPLE IRA New Account Applications with this form and a check for the total amount, including reductions and employer contributions, made payable to **The Federated Hermes Funds**:

Regular Mail:
P.O. Box 219318
Kansas City, MO 64121-9318

Overnight Delivery:
430 W 7th Street, Suite 219318
Kansas City, MO 64105-1407

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