

SIMPLE Salary Deferral Election

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Instructions to Participant: Complete this form and submit to your employer's payroll department.

I. Participant Election

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my salary deferral agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

I further understand that I am able to select the financial institution of my choice for my SIMPLE IRA and, if I choose to have my salary deferrals placed at a financial institution other than Eagle Family of Funds, I am responsible for contacting that financial institution directly and providing the necessary paperwork to my employer.

- I elect to participate and I choose to establish an Eagle SIMPLE IRA with U.S. Bank, N.A. as Custodian.
- I elect to participate and will establish an account with another custodian.
- I elect NOT to participate. I have received notice of my eligibility and the adoption agreement. *(Do not complete Section 2 or 3. Skip to Section 4.)*

II. Salary Deferral Election

Subject to the requirements of the SIMPLE plan of _____ *(name of employer)*, I authorize _____% or \$ _____ *(which equals _____% of my current rate of pay)* to be withheld from my pay for each pay period and contributed to my SIMPLE IRA as a salary deferral contribution.

Maximum Salary Deferral: I understand that the total amount of my salary contributions in a calendar year cannot exceed the applicable amount for that year. *(See instructions to Form 5304-SIMPLE, which has been provided to you.)*

III. Date Salary Deferral Begins

I understand that my salary deferral contributions will start as soon as permitted under the SIMPLE plan and as soon as administratively feasible or, if later, _____. *(Fill in a date only if you want to start the salary deferral contributions on a specific date.)*

IV. Employee Signature

This Participation and Salary Deferral agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE plan or until I provide my employer with a request to end my salary deferral contributions or provide a new salary deferral agreement as permitted under this SIMPLE plan.

Print name

Signature of employee

Date

Note to Employer: Do not send this form to Eagle. Retain this form for your records. The Salary Deferral Election must be processed into your payroll system.