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FUNDING FORM

A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Address:

City:

State:

Zip:

E-mail address:

Daytime Phone No.:

Social Security No.:

Date of Birth:

B FUNDING TYPE/AMOUNT

Retirement Account Funding

This contribution is effective for tax year: _____ If year is not indicated, the contribution will be made for the current year.
(Note: SEP contributions can only be reported in the year received.) Please indicate contribution type and amount:

- | | | | |
|--|----|--|----|
| <input type="checkbox"/> Traditional IRA | \$ | <input type="checkbox"/> Coverdell Education Savings Account | \$ |
| <input type="checkbox"/> Roth IRA | \$ | <input type="checkbox"/> Profit-Sharing | \$ |
| <input type="checkbox"/> SEP IRA: | | <input type="checkbox"/> Solo 401(k): | |
| Employer | \$ | Employer | \$ |
| Employee | \$ | Deferral | \$ |
| <input type="checkbox"/> SIMPLE IRA: | | Roth 401(k) | \$ |
| Employer | \$ | | |
| Employee | \$ | | |
| <input type="checkbox"/> Custody Account Funding | \$ | | |

C ROLLOVER TYPE/AMOUNT (FOR RETIREMENT ACCOUNTS ONLY)

Please indicate rollover type and amount:

- Direct Rollover: **Cash** \$ _____
This is an Irrevocable Qualifying Direct Rollover from my employer's plan (401(k), 403(b), profit-sharing plan, etc.)
- 60-Day Rollover: **Cash** \$ _____ **In-Kind Asset*** \$ _____ (estimated fair value)

Previous Custodian Name:

Previous Custodian Account No.:

Please continue to page two to complete this form.



