

Instructions to Employee: Complete this form to initiate or modify a Salary Reduction Agreement with your employer. Please return the completed form **to your employer**. This form does **NOT** need to be sent to BlackRock.

Full name of Employee

Social Security Number

Date of birth (mm/dd/yyyy)

Name of Employer

Date of Initial Participation (mm/dd/yyyy)

1. Salary Reduction Amount

Subject to the requirements of my Employer's SIMPLE Plan, I authorize the following dollar amount or percentage to be withheld from my pay each pay period and contributed to my SIMPLE IRA as a Salary Reduction Contribution.

_____ % of my salary OR \$ _____, _____, which equals _____ % of my pay.

I understand that the total amount of my salary reduction contributions in any given year cannot exceed \$11,500, unless I am 50 or older before the end of the calendar year in which case I cannot exceed \$14,000. These amounts will be periodically adjusted for inflation.

2. Financial Institution

I designate **BlackRock** as the financial institution for my SIMPLE IRA

BlackRock Account Number: _____

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 reduction 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.

3. Signature and Authorization

I understand that my election under this Salary Reduction Agreement shall take effect at the time specified in my employer's SIMPLE Plan (but not before the date I sign this agreement). This Salary Reduction Agreement replaces any earlier Salary Reduction Agreement that I have executed and will remain in effect until such time as any one of the following events may occur:

- ▶ I become ineligible to make Salary Reduction Contributions under my employer's SIMPLE Plan,
- ▶ I provide my employer with a request to end my Salary Reduction Contributions or
- ▶ I provide a new Salary Reduction Agreement to my employer as permitted by the SIMPLE Plan.



Signature of Employee

Date (mm/dd/yyyy)



Questions? Call us at **1-800-441-7762**, Monday through Friday between 8:00 AM and 6:00 PM ET or visit us online at www.blackrock.com.

Not FDIC Insured | May Lose Value | No Bank Guarantee

© 2019 Blackrock, Inc. All Rights Reserved. BLACKROCK is a registered trademark of BlackRock, Inc. or its subsidiaries in the United States and elsewhere. All other trademarks are those of their respective owners.

Lit. No. SIRA-SRA-1219

BlackRock®