

Amundi US

SIMPLE IRA Deferral Agreement

Important: Please return this form to your employer to keep on record; do not send to Amundi US.

1 Employee Information

Employee name	Last four digits of Social Security Number	
Company Name		
Address		
City	State	Zip Code

2 Salary Deferral Election

Subject to the requirements of my employer's SIMPLE IRA plan, I authorize the following to be withheld from my pay each pay period and contributed to my Amundi US SIMPLE IRA as a salary deferral contribution:

- A. _____ % of my pay,
OR
- B. \$_____ per pay period,
OR
- C. A one-time deferral contribution of _____ as of _____ (Insert date that you want this amount to be withheld from your pay.)

Your salary deferral contributions will start as soon as permitted under the SIMPLE IRA plan as soon as administratively feasible.

3 Termination of Salary Deferral

I understand that if I stop my salary deferral contributions into the plan, I may start again only as indicated in Article II, Item 2d on Form 5304-SIMPLE.

Please stop my salary deferral contributions as of _____

4 Signature

This Salary Deferral Agreement replaces any previous agreement and will remain in effect as long as I am eligible to participate in the SIMPLE IRA plan, or until I provide my employer with a new Salary Deferral Agreement as permitted under this SIMPLE IRA plan. I understand that I have the right to select the financial institution that receives my SIMPLE IRA contributions. I hereby select an Amundi US SIMPLE IRA sponsored by Amundi Asset Management US, Inc with UMB Bank, n.a. as the Custodian.

X
Employee Signature _____ Date (Month/Day/Year) _____