



**Please complete the required information below. Member will complete Part 1 and forward to SIMPLE IRA custodian for completion of Part 2.**

**Part 1 - Member Information**

Member's Name \_\_\_\_\_

Member's Home Address \_\_\_\_\_  
\_\_\_\_\_

Member's Social Security Number - xxx-xx- \_\_\_\_

**Part 2 - Certification by Plan Provider or Custodian**

As the Plan Provider or Custodian of \_\_\_\_\_ (insert plan name), I \_\_\_\_\_ (insert official's name) certify that the above mentioned member first contributed to this plan on \_\_\_\_\_ (insert date of first contribution).

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Title of Certifying Official

\_\_\_\_\_  
Phone Number of Certifying Official

\_\_\_\_\_  
Date

**Mail Completed Form to:**

**State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820**

*All aspects of administration of the State Universities Retirement System (SURS), including but not limited to benefit calculation and payment, must comply with state and federal law. No employee of SURS has the authority to bind the System to take action contrary to law, even in the event of misstatement of fact or law. Furthermore, while this letter states SURS's current understanding of the law, this could change as a result of court opinions, statutory changes, or other matters (e.g., Attorney General opinions). Accordingly, SURS is required under law to correct any mistake in benefit amount, even after payments have begun. Use of any information from this letter, form, or any other document provided by SURS is for general information only and does not represent personal tax or legal advice either express or implied. You must seek professional legal or tax advice for personal income tax questions and other legal assistance.*