



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

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