

SIMPLE and Link IRA Contribution Schedule

Use this form:

- In connection with the establishment of a new SIMPLE or Link IRA. If adding a new employee to this schedule, please attach a completed application.
- For future contributions to existing plans, please indicate the Participant's name and Social Security number.

Instructions:

- Please print clearly in blue or black ink.
- Keep a completed copy for your records.
- Please make checks payable to AllianceBernstein.
- Return all executed forms to AllianceBernstein, PO Box 219275, Kansas City, MO 64121-9275; for overnight delivery, send to AllianceBernstein, 430 W 7th St, Suite 219275, Kansas City, MO 64105-1407.
- For help filling out this form, please call (800) 326 5089, 8:00 a.m.–5:00 p.m. (CT), Monday–Friday.

Plan ID _____

	Participant's Name	Social Security Number	Fund Name and Number	Employer Contribution	Employee Contribution
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7				\$	\$

(continued on other side)



Investment Products Offered

• Are Not FDIC Insured • May Lose Value • Are Not Bank Guaranteed

8	\$	\$
9	\$	\$
10	\$	\$
11	\$	\$
12	\$	\$
13	\$	\$
14	\$	\$
15	\$	\$
16	\$	\$
17	\$	\$
18	\$	\$
19	\$	\$
20	\$	\$
21	\$	\$
22	\$	\$
23	\$	\$
24	\$	\$
25	\$	\$
Total Enclosed	\$	\$

Signature

Employer Name (Print)

Employer Telephone Number

Employer Signature

Date

AllianceBernstein Investments, Inc. (ABI) is the distributor of the AllianceBernstein family of mutual funds. ABI is a member of FINRA and is an affiliate of AllianceBernstein L.P., the manager of the funds.

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