Amundi US

SIMPLE IRA Remittance Form

Please enclose this form with your check made payable to Amundi US. If you have any questions, call our Retirement Plans Department at 1-800-622-0176.

Mail to: Amundi US, PO Box 534427, Pittsburgh, PA 15253-4427 Overnight Address: Attention: 534427, 500 Ross Street, 154-0520, Pittsburgh, PA 15262

From

Employer Name			
Street Address	City	State	Zip Code
Contact Name	Telephone Number	Plan Number (if	available)

Participant Name	Last four digits of Social Security Number	Total Contribution Amount

Total	Contribution	Amount 9	\$	
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(If total does not match amount shown on check, please attach explanation.)

