



Return completed form to: Touchstone Investments • P.O. Box 9878 • Providence, RI 02940-8078.

For assistance in completing this form, call 800.543.0407, weekdays between 8:30 a.m. and 7:00 p.m. eastern time.

1 EMPLOYER INFORMATION

Please Print

Name

Tax ID Number

Street Address

City

State

Zip Code

Contact Name

Telephone Number

E-mail Address

2 CONTRIBUTIONS

Employer should convert the investment percentage for each employee to a dollar amount for all transmittals.

Indicate types and sources of contributions remitted:

- Payroll Deduction IRA
 Payroll Deduction Coverdell ESA
 SEP
 SARSEP
 SIMPLE IRA
 Profit Sharing
 Pension
 401(k)
 Other _____

Contributions are for the _____ tax year*

Employee Name	Employee Social Security or Touchstone Account Number**	Pre-Tax Salary Deferral Contribution	Employer Contribution	Payroll Deduction Contribution	Total Submitted
Totals \$					

* If no tax year is indicated, the current year will be used.
**For Profit Sharing, Pension or 401(k) Plans, the employee/participant's Touchstone Account Number must be used.