

# SEP IRA CONTRIBUTION ALLOCATION FORM

**IMPORTANT:** This form allocates employer SEP IRA contributions to employees' Seven Canyons Funds SEP IRAs. Please enclose Seven Canyons Funds IRA Application Form(s) for all employees who are opening Seven Canyons Funds SEP IRA's at this time.

# **SECTION 1: Employer Information Employer Name** Employer Address (Required) - P.O. Box not accepted City, State, Zip Code Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip Day Phone **Evening Phone** E-mail Address **SECTION 2: Employer SEP Contributions** Please indicate the total amount of the contribution that you are sending with this form. \$ For tax year 20\_ Please enclose a check made payable to: Seven Canyons Funds **SECTION 3: Allocation to Employee's IRA** Identify each employee who is covered by this contribution; indicate the amount of the total contribution that goes to each employee, along with investment instructions. If the instructions are on the employee's Seven Canyons Funds SEP IRA Application Form (which you are sending with this form), check box A. If the contribution is for your employee's existing Seven Canyons Funds IRA(s), check box B and provide the information indicated. If you need space for additional employees, please enclose an additional piece of paper. NOTE: Seven Canyons Funds cannot accept any contributions without investment instructions. (Even if yours is a "one person company", please complete the section above (Employer Information) and this section providing the information required for yourself as an employee. **Employee One Employee Name** Social Security Number Date of Birth (MM/DD/YY) Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

**A.** Employee Seven Canyons Funds SEP IRA Application Form enclosed; instructions therein.

OR

**B.** Deposit to existing employee Seven Canyons Funds IRA Account(s) as follows:

#### **Investment Allocation**

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
		\$				%
		\$				%
		\$				%
		\$				%
Total		\$		_ `	100	%

Employee Two

#### **Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

#### Investment Instructions

**A.** Employee Seven Canyons Funds SEP IRA Application Form enclosed; instructions therein.

#### OR

□ B. Deposit to existing employee Seven Canyons Funds IRA Account(s) as follows:

#### **Investment Allocation**

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
		\$				%
		\$				%
		\$				%
		\$				%
Total		\$			100	%

**Employee Three** 

### **Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

#### **Investment Instructions**

**A.** Employee Seven Canyons Funds SEP IRA Application Form enclosed; instructions therein.

#### OR

**B.** Deposit to existing employee Seven Canyons Funds IRA Account(s) as follows:

Investment Allocation						
Fund Name	Fund Number	Ticker	Amount	or	Percent	
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в.	Deposit to existing employee	Seven Canyons Funds IRA Ad	ccount(s) as follows:				
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und Na	me	Fund Number	Ticker		Amount	or	Percent
				\$			
				\$			
				\$			
				\$			
Total				\$			100

I authorize the Seven Canyons Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Seven Canyons Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Signature (of individual filling out application)

Date (MM/DD/YY)

#### Please mail completed form to:

**Regular Mail:** Seven Canyons Funds P.O. Box 1920 Denver, CO 80201

**Overnight Mail:** Seven Canyons Funds 1290 Broadway, Suite 1000 Denver, CO 80203

#### or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 833-7-CANYON (833-722-6966).