

Authorization for Payroll Deduction & Direct Deposit to IRA/IRRA[®]/Roth IRA/Coverdell ESA



Please return this form to your employer. Your employer must be able and willing to accept electronic fund transfers through the Automated Clearing House (A C H). If you have any questions about your employer's A C H capabilities, please contact your employer.

Notice to Employer or Agency: Please retain this form to document the Employee's authorization for Payroll Deduction. For A C H purposes, code this as a checking account. The Bank of America transit routing number is 084-301-767. The A C H number is (333) + (the employee's Merrill account number) + (A) + (21 for deductible contributions or 22 for nondeductible contributions) + (999).

Example: Employee making deductible contributions = 333-Merrill account#-A21-999

Example: Employee making non-deductible contributions = 333-Merrill account#-A22-999

Part 1: Employee Information

_____ First Name	_____ M.I.	_____ Last Name
_____ Address		
_____ City	_____ State	_____ Zip

_____ Business Phone	_____ Home Phone
_____ Social Security Number	

Part 2: Payroll Deduction & Contribution Information

Please check one of the below:

- New Instruction Change Instruction Delete Instruction

Merrill Retirement Account Number (IRA, IRRA[®], Roth IRA, ESA):

Only current-year contributions may be made to your designated Merrill retirement account through Payroll Deduction. **Please indicate deductible or non-deductible by checking the appropriate box below.**

Note: Roth IRA and Coverdell ESA contributions cannot be designated as deductible. Coverdell ESA contributions are only permitted if enrolled in a Merrill Lynch Investment Advisory Program.

- Deductible contribution Nondeductible contribution

Please indicate frequency of contribution:

- Weekly Bi-Weekly Monthly

Amount to be deducted: \$ _____

Note: The total of your contributions to your Merrill retirement account in any one year may not exceed the maximum annual contribution limit allowed by law. Merrill will reject amounts received for contribution to your account that would cause an excess contribution. There is no age restriction on your ability to contribute.

Signature

I hereby authorize you, my employer, to deduct from each Paycheck the dollar amount indicated and to deposit such funds to the Merrill IRA, Roth IRA, IRRA[®] or Coverdell ESA account designated.

Employee Signature

Date (month/day/year)



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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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