

SERVICE REQUEST FOR REPORTING FORMS

When completed, return this form and supporting documentation to:
LT Trust
P.O. Box 5508
Denver, CO 80217-5508
or FAX the form to: 866-772-8514

REQUESTOR INFORMATION

Institution Name _____ Institution ID _____
Requestor Name _____ Phone Number () Fax Number ()

PARTICIPANT/BENEFICIARY INFORMATION

Participant Name _____ Social Security Number _____
Address _____ City, State, Zip _____
Beneficiary Name _____ Social Security Number _____
Address _____ City, State, Zip _____
Plan Type: Traditional/Rollover IRA SEP IRA Roth IRA Account Number _____
 Money Purchase Pension Plan Profit Sharing Plan ESA HSA

REQUEST

- Provide a copy of a previously issued form
- Correct a previously issued form (*attach copy of form*)
- Generate a new form

DELIVERY INSTRUCTIONS

- Fax form to Financial Institution
- Mail form to client
- Mail form to financial institution

FORM INFORMATION

Tax Year: _____ (*Please complete a separate request form for each affected tax year.*)

- 1099-R 1099-SA 1099-Q
- 5498 5498 for beneficiary of deceased participant 5498-SA 5498-ESA
- Year End Statement Required Minimum Distribution Letter

FORM INFORMATION

Please carefully review all fields and all boxes. Indicate each area that needs to be updated. Please feel free to attach additional supporting information.

As Currently Reported

Corrected/Updated Information

NOTES/EXPLANATION

CERTIFICATION

I certify that the request for changes detailed above completely and accurately detail the actual transaction that occurred in the participant's plan.

Financial Institution Representative Signature **X** _____ Date _____

