



Southwest Securities, Inc. and/or Broker/Dealers for which it clears

Southwest Securities, Inc. Member NYSE/NASD/SIPC

SIMPLE IRA Deferral Form

Employees should use this form to establish the amount they would like to contribute to their SIMPLE IRA. This form is provided as a convenience to our customers to assist them with their SIMPLE IRA Plan. It does not need to be returned to Southwest Securities, Inc.

1. General Plan Information.

Employee Name (First, Middle, Last) SSN/Taxpayer ID #

Address City State/Province Country Zip

Employer Name

2. Salary Reduction Deferral. (Check ONE.)

- ____% of my salary (not in excess of 100%)
- \$ _____ per pay period.
- \$ _____ as of _____ (insert amount and date of single-sum deferral payment).

3. Amount of Deferral.

The total amount you can defer in any calendar year to this SIMPLE IRA may not exceed the lesser of ____% of my compensation or \$6,000 (as adjusted for the cost of living).

4. Commencement of Deferral.

The deferral election specified in Section 2 above shall not become effective before _____ (Specify a date no earlier than the first day of the first pay period beginning after this authorization).

5. Agreement. (Read and sign.)

Subject to the requirements of the SIMPLE IRA Plan of the above-named Employer, I authorize the following amount or percentage of my compensation to be withheld from each of my paychecks and contributed to my SIMPLE IRA. This salary reduction authorization shall remain in effect until I give a written modification or termination of its terms to my employer. I understand that any amounts withdrawn from my SIMPLE IRA are includible in my gross income and may be subject to a 25% additional income tax if withdrawn within 2 years of the day I first participated in this SIMPLE IRA Plan.

X _____
Employee's Signature Date

6. Elective Deferral Termination. (Read, complete and sign ONLY if you wish to stop making deferrals.)

I understand that my Employer may restrict me from resuming Elective Deferrals until the January 1st of the next Plan Year, if so indicated on the Adoption Agreement.

- I wish to stop my Elective Deferrals as of _____ (enter the date you wish to stop deferrals).

Employee's Signature Date