

## Payroll Deduction Remittance Transmittal

PLEASE TYPE OR PRINT:

Check if these accounts are an addition to an existing Plan

For the Pay Period ending: \_\_\_\_\_ Page # \_\_\_\_\_ of \_\_\_\_\_

(To be completed and returned with initial payment to: Primerica Shareholder Services)

If participant contributes to more than one fund or more than one type of contribution, use more than one line.

1. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_

Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*

Participant Social Security No: \_\_\_\_\_ Employee Contribution \_\_\_\_\_ Employer Contribution \_\_\_\_\_

2. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_

Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*

Participant Social Security No: \_\_\_\_\_ Employee Contribution \_\_\_\_\_ Employer Contribution \_\_\_\_\_

3. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_

Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*

Participant Social Security No: \_\_\_\_\_ Employee Contribution \_\_\_\_\_ Employer Contribution \_\_\_\_\_

4. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_

Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*

Participant Social Security No: \_\_\_\_\_ Employee Contribution \_\_\_\_\_ Employer Contribution \_\_\_\_\_

5. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_

Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*

Participant Social Security No: \_\_\_\_\_ Employee Contribution \_\_\_\_\_ Employer Contribution \_\_\_\_\_



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6. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_  
Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*  
Participant Social Security No: \_\_\_\_\_ ☐ Employee Contribution ☐ Employer Contribution

7. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_  
Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*  
Participant Social Security No: \_\_\_\_\_ ☐ Employee Contribution ☐ Employer Contribution

8. Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Owner's Last Name \_\_\_\_\_  
Fund Symbol:      Dollar Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % / Fund\*  
Participant Social Security No: \_\_\_\_\_ ☐ Employee Contribution ☐ Employer Contribution

Total Contribution for This Period: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*When establishing each account, please contact your PFS Representative.

\*MUST equal 100%; must be stated in full percentage points (33%, not 33.33%)

Once completed, mail this  
form(s) together with a check  
made payable to:

Primerica Shareholder Services  
ATTN: Listbill Department.

Please send to:

Regular Mail

Primerica Shareholder Services  
P.O. Box 534473  
Pittsburgh, PA 15253 – 4473

ATTN: Listbill Department

Client Services: (800) 544-5445

Fax Services: (844) 568-3809

Overnight Mail

Primerica Shareholder Services  
Attention: 534473  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

ATTN: Listbill Department