

1. Participant Identification*Please Print*

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Social Security Number

Company Name: _____ Plan #: _____

Name: _____
Last First MI.

Street Address: _____

City: _____ State: _____ Zip: _____

2. Instructions

Please complete the appropriate information below and make your certified bank check or money order payable to the: **Trustee for** _____ **(Plan Name and Plan #)**, and include your social security number in the memo section of your check. Please call 1-800-228-401K if you have any questions regarding this form. **Note: Merrill Lynch and Co. and its subsidiaries may not accept money orders in excess of an aggregate of \$5,000 per participant. Please note that this is a lifetime limit.**

3. Mail Your Payment To:

**Merrill Lynch
Retirement Group Processing Center
1400 Merrill Lynch Drive, Mail Stop # 04 RG-PRO
Pennington, NJ 08534**

PLEASE REMEMBER TO:

- 1) Sign your check and sign this form (see last box).
- 2) Enclose your certified bank check or money order made payable to the: "Trustee for _____ **(Plan Name and Plan #)**"
- 3) Keep a copy of this form for your records.
- 4) Mail check and this form to the above address.

4. Loan Details

TOTAL AMOUNT OF DEPOSIT \$ _____

LOAN PAYOFF: _____ LOAN #: _____ LOAN TYPE: _____
(General Purpose or Principal Residence)

Please note that this payoff amount will be applied to principal only and that any amount that exceeds the required amount to satisfy this loan will be returned to you at the above address. If the amount does not satisfy the required loan payoff amount, this payment will be returned to you at the above address.

5. Participant Signature

I acknowledge that this deposit is being made in accordance with the provisions of the plan. I further acknowledge that I have read the prospectuses for the mutual funds and that this deposit will be invested in accordance with the terms and conditions specified therein.

Participant's Signature _____ Date _____

Office Use Only

Date Received by Merrill Lynch _____