

Service Request for Reporting Forms

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			

Please return your completed form to:

Mail

American Trust Company
2525 Harrodsburg Rd., Ste 300
Lexington, KY 40504

Fax

Fax the Form to: 1-720-616-5669
Email: trustoperations@americantrust.com

Contact Us

If you have any questions, please contact Client Services toll free at 1-877-244-7140.

Form Information (Cont.)

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

As Currently Reported

Corrected/Updated Information

Notes

Additional Information or Requests

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

Date (mm/dd/yyyy)