



USPTA Retirement Gold+

Name: _____ DOB: _____

Address/City/State/ZIP: _____

Phone: _____ Email: _____

Best time to contact you: _____ [] Phone [] Email [] Other: _____

USPTA Member No.: _____ [] Pro Shop Owner [] Pro Shop Manager

Name of Pro Shop (if applicable) _____

Address of Pro Shop (if different than above) _____

Pro Shop Phone Number (if different than above) _____

Contributions accepted from:

[] 10-S Tennis Supply
10-S Account No. _____ 10-S Business Account Name _____

[] Fromuth (Must own a club or resort pro shop and/or have fiscal responsibility for the shop. Contribution will be made once \$750 has been spent on NIKE shoes and apparel in a calendar year)
Fromuth Account No. _____ Fromuth Business Account Name _____

[] NetKnacks
NetKnacks Account No. _____ NetKnacks Business Account Name _____

[] SportCourt
SportCourt Account No. _____ SportCourt Business Account Name _____

[] Wilson
Wilson Account No. _____ SportCourt Business Account Name _____

Continued on back/signature required

AFFIRMATION / ATTESTATION

Please accept this as my interest in participating in the USPTA Retirement Gold+ program. I understand I must be a USPTA member in good standing to participate, and I understand my participation is voluntary. My eligibility must be validated by the USPTA for me to participate in the Vendor-Sponsored program. **I further understand in order to receive contributions from Fromuth, I must also be either a pro shop owner and/or pro shop manager who is directly responsible for making the purchasing decision for a qualifying pro shop.**

If I am approved for the Vendor-Sponsored version of the plan, I further understand that only specific vendors will be tendering a contribution to my retirement program, based on the value of qualifying goods and/or services purchased through their distribution channel. I also understand that not all products purchased through a participating vendor may be a contribution-eligible product and that I am not obligated in any way to direct my purchases to any specified vendor. I acknowledge my vendor account must remain in good standing, and should my account become delinquent the vendor reserves the right to withhold any vendor-sponsored matching contribution until such time as my vendor account is current and in good standing. If I fail to bring my account current within a reasonable period, the USPTA may cancel my enrollment.

Even if I am ineligible for participation in the vendor-sponsorship retirement program, I am still eligible to open a personal retirement account and select among the individual USPTA Retirement Gold+ plan options available to me. I acknowledge if I work for a municipality, school, university or other employer who may restrict any vendor-sponsored contributions that I am still eligible to open and participate in a personal retirement plan; however, I would not be eligible for any qualifying vendor-sponsored contributions to my retirement plan. All applicants for vendor-sponsorship participation in Retirement Gold+ will be vetted by the USPTA to assure eligibility.

I acknowledge at the end of each qualifying period, the participating vendors will submit an accounting report to the USPTA along with the qualifying funds, based on the purchase of qualifying products. These funds will be disbursed to your account from all participating vendors no later than 30 days of the close of the quarter, based on the sales of product(s) from all participating vendors.

Please note: You must have a retirement account set up with Paloma Financial/Institutional Securities Corporation to receive vendor contributions. [Click here to learn more.](#)

USPTA Member Signature

Date Signed

Return this form by email to uspta@uspta.org, fax to 713-358-7797, or mail to USPTA, 3535 Briarpark Drive, Suite 202, Houston, TX 77042

OFFICE USE ONLY

Vendor-Eligible Non Vendor-Eligible Member in good standing

Review by: _____ Date: _____