



USPTA Supplemental Savings

Name: _____ DOB: _____

Address/City/State/ZIP: _____

Driver's License Number: _____ State of Issue: _____

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) _____

Name of Employer (if different than above) _____

Address of Employer: _____ Occupation: _____

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 _____

[] Wilson

Wilson Account No. _____ Wilson Business Account Name _____

[] Har-Tru

Har-Tru Account No. _____ Har-Tru Business Account Name _____

[] AER FLO

AER FLO Account No. _____ AER FLO Business Account Name _____

Continued on back/signature required

AFFIRMATION / ATTESTATION

Please accept this as my interest in participating in the USPTA Supplemental Savings 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 proshop.**

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 savings account 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 savings program, I am still eligible to open an individual retirement account. 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 savings account. All applicants for vendor-sponsorship participation in Supplemental Savings will be vetted by the USPTA to ensure 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 savings account set up with Wells Fargo in order to receive vendor contributions.

USPTA Member Signature

Date Signed

Return this form by email to uspta@uspta.org, fax to 407-477-6161, or mail to USPTA, 11961 Performance Drive, Orlando, FL 32827

OFFICE USE ONLY

Vendor-Eligible Non Vendor-Eligible Member in good standing

Review by: _____ Date: _____