SUPPLY ORDER FORM – ASSOCIATED BENEFITS CORPORATION

DEPOSIT TICKETS	QUANTITY	HEALTH/CAFETERIA	QUANTITY
Contributory Plan Deposit Tickets	_____ Pads	Request for Reimbursement	_____
401(k)/Thrift Plan Deposit Tickets	_____ Pads	Medical Claim Forms	_____
Loan Deposit Tickets	_____ Pads	Dental Claim Forms	_____
		Direct Deposit Forms	_____

SUMMARY PLAN DESCRIPTIONS	QUANTITY
Plan _____	_____
Plan _____	_____
Plan _____	_____

PRE-ADDRESSED ENVELOPES	QUANTITY	
Associated Benefits Corp.	_____ Envelopes	Street Address ___ or PO Box ___
Wells Fargo Bank	_____ Envelopes	
West Bank	_____ Envelopes	

ENROLLMENT INFORMATION	QUANTITY
Enrollment Forms – 401(k)	_____
Contributory	_____
Noncontributory	_____

FUND INFORMATION		QUANTITY			QUANTITY
Fund: _____	Prospectus	_____	Fund: _____	Prospectus	_____
	Fact Sheet	_____		Fact Sheet	_____
Fund: _____	Prospectus	_____	Fund: _____	Prospectus	_____
	Fact Sheet	_____		Fact Sheet	_____
Fund: _____	Prospectus	_____	Fund: _____	Prospectus	_____
	Fact Sheet	_____		Fact Sheet	_____
Fund: _____	Prospectus	_____	Fund: _____	Prospectus	_____
	Fact Sheet	_____		Fact Sheet	_____

OTHER FORMS	QUANTITY	OTHER FORMS	QUANTITY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coop _____ Group # _____

_____

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Fax: (515) 226-9437 or Mail: Associated Benefits Corp.
2929 Westown Parkway, Suite 220
West Des Moines, IA 50266