

----- ORDER FORM -----

DEPARTMENT OF EMPLOYEE TRUST FUNDS

Employer Name _____

EIN 69-036-_____

Employer Shipping Address _____

Employer Phone # _____

State Agencies: Quantity of the *Continuation – Conversion Notice* (ET-2311) required: _____

Local Government Employers: Quantity of the *Continuation – Conversion Notice* (ET-2311) required: _____

Mail, Email, or Fax to:

ETF Supply and Mail Services
P.O. Box 7931
Madison WI 53707-7931
Fax: (608) 267-4549