

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish documenting the deposit to the account.

OWNER INFORMATION			FINANCIAL ORGANIZATION INFORMATION	
Last Name	First	MI	Financial Organization	
Tax ID	Date of Birth			
			Email Email	
IRA Type	Account Number		Phone	
Deposit Type		Amount	Tax Year	
Deposit Type		Amount	Tax Year	
☐ Regular Contribution ☐ Prior-Year Contribution				
☐ Transfer				
☐ Rollover		Date of Deposit		
☐ Self-Certified Late Rollov	er			
☐ Recharacterization				
☐ Roth Conversion		D 21.34 (1 1		
☐ SEP Contribution		Deposit Method		
☐ SIMPLE Contribution		☐ Cash		
□ Repayment     Repayment Code:		Check payable		
Birth or Adoption		☐ Transfer from	(MM/DD/YYYY)	
Disaster Distribution		at	account#	
Reservist Distribution			ere money is coming from):	
☐ Postponed		☐ Traditional IRA		
Postponement Code:		Roth IRA		
Executive Order (Choose one re	eason below)	SEP IRA		
Afghanistan (EO13239)		SIMPLE IRA		
Arabian Peninsula (EO12744)		Employer-sponsored retirement plan		
Federal Republic Yugoslav	via (EO13119)	Non-retirement	account (i.e., checking, savings)	
Federal Disaster Area				
Public Law <b>(Choose one reason below)</b> Federal Republic Yugoslavia (PL106-21)				
Federal Republic Yugoslav Sinai Peninsula Egypt (PL1	,			
Qualified Plan Loan Offset	L1 <i>J-71</i>			
Qualified Plan Loan Offset				

INV	'ESTN	MENT	OPT	IONS
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Investment Name	Minimum Amount	Rate	АРҮ	Investment Number	Amount

## **SIGNATURE**

I certify that the **Deposit** described above is eligible to be contributed to the IRA. I understand that my investment decisions regarding my account are my sole responsibility and I have been advised to seek competent tax and investment advice. I authorize the Trustee to invest my assets as instructed above, and I will indemnify and hold the Trustee harmless from any consequences related to executing my directions. If I have indicated any contributions for the prior tax year, I understand the contributions will be reported to the IRS as such. I understand that I am responsible for verifying that the deposit was made by the applicable deadline. If the contribution contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If the contribution is a conversion contribution to a Roth IRA, I understand that such contribution is not eligible to be recharacterized back to a Traditional IRA. I certify that the Trustee has not provided me with any tax, legal, or investment advice.

Print Account Owner Name	Account Owner Signature	Date
Print Trustee Representative Name	Trustee Representative Signature	Date