

Deposit

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

Last Name

First

MI

Tax ID

Date of Birth

IRA Type

Account Number

FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

DEPOSIT INFORMATION

Deposit Type

Amount

Tax Year

- ☐ Regular Contribution
- ☐ Prior-Year Contribution
- ☐ Transfer
- ☐ Rollover
- ☐ Self-Certified Late Rollover
- ☐ Recharacterization
- ☐ Roth Conversion
- ☐ SEP Contribution
- ☐ SIMPLE Contribution
- ☐ Repayment

Repayment Code:

- ☐ Birth or Adoption
- ☐ Disaster Distribution
- ☐ Reservist Distribution

☐ Postponed

Postponement Code:

- ☐ Executive Order (Choose one reason below)
 - ☐ Afghanistan (EO13239)
 - ☐ Arabian Peninsula (EO12744)
 - ☐ Federal Republic Yugoslavia (EO13119)
- ☐ Federal Disaster Area
- ☐ Public Law (Choose one reason below)
 - ☐ Federal Republic Yugoslavia (PL106-21)
 - ☐ Sinai Peninsula Egypt (PL115-97)
- ☐ Qualified Plan Loan Offset

Date of Deposit

Deposit Method

- ☐ Cash
- ☐ Check payable to:
Date on check: (MM/DD/YYYY)
- ☐ Transfer from account#
at
Source of assets (where money is coming from):
 - ☐ Traditional IRA
 - ☐ Roth IRA
 - ☐ SEP IRA
 - ☐ SIMPLE IRA
 - ☐ Employer-sponsored retirement plan
 - ☐ Non-retirement account (i.e., checking, savings)

INVESTMENT OPTIONS

Name	Minimum Deposit	Divident Rate	Annual Percentage Yield	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