IRA SERVICES TRUST COMPANY

DEPOSIT NOTIFICATION

Contact Center: (800) 248-8447 | www.IRAServices.com

If you are depositing cash, including for bill pay, or rolling over assets to IRA Services Trust Company, please complete and submit this form. Please make checks payable to "IRA Services Trust Company FBO Client Name" and reference the account number on the memo line. If it is a rollover check and the check is made out to your name, please deposit it into your bank account and write a check payable to "IRA Services Trust Company FBO Client Name" drawn against your bank account. If you are wiring funds, our wiring instructions form can be found under DELIVERY INFORMATION. Submit this form to us the same day that your wire is sent. Sending an ACH or direct deposit? Do not complete this form; please complete our DIRECT DEPOSIT (ACH) NOTIFICATION form. For bill pay, please refer to DELIVERY INFORMATION form.

1. PERSONAL INFORMATION (*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

- ☐ Email
- ☐ Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. DEPOSIT INFORMATION (please complete this section to characterize the deposit you are making)

1. Transfer from another IRA	**Do not use this form. Please complete a *TRANSFER AUTHORIZATION* form.**		
2. Cash Contributions Complete this section if you are making a contribution to your IRA or 401(K) or if you are making a deposit to maintain your minimum balance requirement.	Select one: ◯ Traditional IRA or 401(K) ◯ Roth IRA or 401(K) ◯ Coverdell ESA ◯ SEP ◯ SIMPLE (select one) ◯ Employer ◯ Employee	Cash Contribution for TAX YEAR Cash Contribution for TAX YEAR NOTE: The minimum cash balance must comprise of qualified funds.	Amount Amount
3. Cash Rollover from another IRA Complete this section if you are rolling over cash from another IRA.	Rollover of a distribution from another IRA contributed to your IRA Services account within 60 days of receipt of such funds.		Amount
	You must select one of the following: ◯ This is a rollover from a TRAD, SEP or SIMPLE IRA going into my IRA Services TRAD, SEP or SIMPLE IRA ◯ This is a rollover from a TRAD, SEP or SIMPLE IRA going into my IRA Services ROTH IRA as a conversion ◯ This is a rollover from a ROTH IRA going into my IRA Services ROTH IRA		
4. Cash Rollover from a Qualified Retirement Plan Complete this section if you are rolling over cash from a qualified retirement plan (QRP).	Rollover of a lump sum distribution or plan termination distribution paid to you within one taxable year from a qualified employee benefit plan or annuity, contributed to your IRA Services account within 60 days of receipt of such funds.		Amount
	Plan Type/Name (i.e. 401K, 403b, 457b, etc.)		
	You must select one of the following: ◯ This is a rollover from a qualified retirement plan going into my IRA Services TRAD, SEP, or SIMPLE IRA, solo 401K ◯ This is a rollover from a qualified retirement plan going into my IRA Services ROTH IRA as a conversion ◯ This is a rollover from a ROTH 401K (or similar plan) going into my IRA Services ROTH IRA, Roth solo 401K		
5. In-Kind Rollover Contribution of an Investment Asset from a Prior IRA or Qualified Retirement Plan (QRP) If this section is completed, please return this form by fax to (650) 745-2907 or email it to transfers-in@IRAServices.com.	Asset Name		Value
	Name of QRP/Prior Custodian		
	REQUIREMENT: Please attach a statement from the QRP/Prior Custodian listing the asset(s) you wish to rollover. If there is no statement available, please provide a letter signed by the trustee of the QRP/Prior Custodian confirming the assets were held in the QRP. You may only contribute asset(s) in-kind if you are rolling it over from a prior IRA or QRP within 60 days of distribution from said IRA or plan. ROLLING OVER MULTIPLE ASSETS? Please attach a separate page listing the assets and their corresponding values, and write "SEE ATTACHED" at the top of this form.		

6. Fees Contact us to verify the amount you currently owe and/or may reimburse prior to completing this form. Consult your tax advisor to determine your eligibility to report your fee payments as a tax deduction.	Select all that apply: ☐ This deposit is to pay for fees currently due:	Amount	Total
	☐ This deposit is to reimburse my custodial cash account for fees that have been collected in the current year only (you may not pre-pay fees):	Amount	
	NOTE: To make a deposit to maintain your minimum balance requirement see “Cash Contributions” above.		
7. Income Distribution From or Liquidation of an Investment Asset	Asset Name		Amount
	This is a distribution of (select one): **OR** This is a liquidation (select one): ◯ dividends ◯ full liquidation ◯ rent ◯ partial liquidation ◯ principal/interest ________ (P) ________ (I) ◯ other investment income (please specify):		

3. DEPOSIT HOLD POLICY

Your deposit is posted to your account the next business day following receipt. If it is a wire your funds are available when posted, however checks will be held as follows depending on the check type:

CHECK TYPE	Cashier’s check or money order	Check from a financial institution (transfers and direct rollovers)	Distribution check from an investment	Personal check
HOLD PERIOD*	0 days	3 business days	5 business days	5 business days

*Hold Period subject to change without notice.

4. ACKNOWLEDGMENT AND PARTICIPANT SIGNATURE

Investment Products:
- Not FDIC Insured
- No Bank Guarantee
- May Lose Value

The contribution limit information is based on federal law as stated in the Internal Revenue Code, and is believed to be accurate. However, eligibility to contribute is dependent on your tax filing status and personal situation. Please consult a competent tax advisor concerning your specific contribution eligibility, and any applicable state laws which may differ from federal law.

You instruct IRA Services Trust Company to deposit the funds or securities into your IRA (the “Account”) according to the instructions on this Deposit Notification Form. You understand that the deposit of funds or securities into the Account may have important and possibly irrevocable tax consequences. You acknowledge that IRA Services, Inc. and IRA Services Trust Company and their representatives do not provide tax, legal or investment advice; that the Account is self-directed; and that you assume full responsibility for this transaction. IRA Services, Inc. and IRA Services Trust Company are not responsible for and do not guarantee the products, services or performance of any self-directed investment. You release and agree to indemnify and hold harmless IRA Services, Inc. and IRA Services Trust Company, their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns from liability for any adverse consequences that may result from this transaction.

By your signature below, you certify that the information and instructions provided, and the elections made by and through this Deposit Notification Form, are true and correct. IRA Services Trust Company may justifiably rely upon the instructions and elections made herein and is authorized to deposit the funds or securities in the manner provided by this Deposit Notification Form.

Account Owner’s Signature	Date (MM/DD/YYYY)
X	

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
deposits@IRAServices.com

Fax
(650) 745-2942

Regular mail
IRA Services
PO Box 7080
San Carlos, CA 94070-7080

Overnight mail
IRA Services
1160 Industrial Road, Unit 1
San Carlos, CA 94070-4128

Special Delivery Instructions for In-Kind Rollover Contribution

If you are performing an In-Kind Rollover Contribution of an Investment Asset from a Prior IRA or Qualified Retirement Plan (QPR), please email this signed form to transfers_in@IRAServices.com or fax it to (650) 745-2907. Remember to attach a statement from the QRP/Prior Custodian listing the asset(s) you wish to rollover.