



This form is to be completed by the individual or entity sending the direct deposit (ACH) transaction. This form must be completed in full and received by IRA Services Trust Company on the SAME DAY that you are sending the payment. The payment will be credited to the investor's IRA account one business day following receipt of funds by our bank. If this form is incomplete and/or we do not receive this notification in a timely manner, funds may be returned to the originating bank.

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. ACH INSTRUCTIONS

*IMPORTANT!

Please ask your bank to include the name of the Investor whom this deposit is for and/or their IRA Services Trust Company account number on the **main description line of the ACH transmission**. Failure to provide this information may result in the funds being returned to your bank.

Institution Name:	Fremont Bank
Institution Address:	25151 Clawiter Rd, Hayward, CA 94545
Phone Number:	(800) 248-8447 (c/o IRA Services Trust Company)
Routing Transit Number (ABA):	121107882
Beneficiary Account Number:	19902328
Beneficiary Account Name:	IRA Services Trust Company
For Further Credit*:	[FBO: Investor Name and Account Number]

3. ACH TRANSACTION INFORMATION

Date of Direct Deposit (ACH) Transaction (MM/DD/YYYY)	Name of Originating Bank
Total Transaction Amount	Name of Originating Party

4. DEPOSIT DETAILS

Who is this deposit for? (select one below)

This deposit is for the investor	Investor's Name	Investor's IRA Account No
This deposit is for multiple investors (attach a separate page if necessary)		

Investor's Name	IRA Acct No	Allocated Amount (break down)	Principal/Interest (if applicable)	
			P	I

Investor's Name	IRA Acct No	Allocated Amount (break down)	Principal/Interest (if applicable)	
			P	I

Deposit category (select one)

This is a liquidation (select one): partial full	Asset Name		
This is a distribution of (select one below):	Asset Name		
dividends rent principal/interest:	(P)		(I)
Other investment income:	Please specify		
This is a contribution	For tax year		
Other	Please specify		

5. SIGNATURE

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