IRA SERVICES TRUST COMPANY

DEPOSIT INFORMATION

If you are depositing cash 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 can be found under DELIVERY INSTRUCTIONS. 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 ACH Deposit form.)

Return by mail: PO Box 7080 or 1160 Industrial Rd Suite 1, San Carlos, CA 94070-7080 | by fax: 650-745-2942 | by e-mail: deposits@iraservices.com
For inquiries, call: 800-248-8447 or visit www.IRAServices.com

A. PARTICIPANT IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE NO.	ACCOUNT NUMBER

B. 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 if you are making a deposit to maintain your minimum balance requirement.
NOTE: The minimum cash balance must comprise of qualified funds.

Cash Contribution for TAX YEAR _____ Amount: $ _____

Cash Contribution for TAX YEAR _____ Amount: $ _____

Select one: ◯ Traditional IRA ◯ Roth IRA ◯ Coverdell ESA
◯ SEP/SIMPLE (select one: ◯ Employer ◯ Employee)

(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 Name/Type: _____

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
◯ 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

(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 e-mail 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: $_____ 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): $_____

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): ◯ dividends ◯ rent ◯ principal/interest: $_____(P) $_____(I)

OR ◯ other investment income (please specify): _____

This is a **liquidation** (select one): ◯ full liquidation ◯ partial liquidation

C. 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 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.**

D. ACKNOWLEDGMENT AND PARTICIPANT SIGNATURE

By signing this Deposit Information form, I hereby acknowledge that the deposit information is correct and that IRA Services Trust Company may rely on my characterization of the deposits. I also acknowledge understanding and acceptance of the deposit hold policy stated above.

_____ _____
Participant Signature **Date (mm/dd/yy)**

FOR CUSTODIAL USE ONLY
Process Date: _____/_____/_____
MMF Trn Date: _____/_____/_____
Amount: $ _____

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