DEPOSIT INFORMATION

*If you are depositing cash or rolling over assets to IRA Financial Trust Company, please complete and submit this form. Please make checks payable to "IRA Financial 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 Financial 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: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104 | Fax: 605-415-4296 | E-mail: info@IRAFinancialTrust.com
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER 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
☐ SEP/SIMPLE (select one: ☐ Employer ☐ Employee)

(3) Cash Rollover from another IRA
Complete this section if you are rolling over cash from another IRA.

NOTE: If you received a check made out to you personally from your IRA Custodian, you have 60 days to deposit these funds into an IRA.

Rollover of a distribution from another IRA contributed to your **IRA Financial Trust Company** 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 Financial TRAD, SEP or SIMPLE IRA
☐ This is a rollover from a ROTH IRA going into my IRA Financial 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), i.e. 401K, 403B, Pension or Thrift Savings plans.

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 Financial 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 Financial TRAD, SEP or SIMPLE IRA
☐ This is a rollover from a qualified retirement plan going into my IRA Financial ROTH IRA as a conversion
☐ This is a rollover from a ROTH 401K (or similar plan) going into my IRA Financial ROTH IRA

(5) In-Kind Rollover 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 605-415-4296 or e-mail it to info@IRAFinancialTrust.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 Financial Trust Company may rely on my characterization of the deposits. I also acknowledge understanding and acceptance of the deposit hold policy stated above.

_____ _____
IRA Owner Signature Date (mm/dd/yy)

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