



IRA RESOURCES, INC.

QUESTIONS? 888 322 6534
SUBMIT FORM: forms@iraresources.com

858 459 6565 fax

Deposit Coupon

1. ACCOUNT OWNER INFORMATION

Full Name (as it appears on your account application)	Account Number	Account Type
		<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> HSA <input type="checkbox"/> ESA
Email Address	Daytime Phone Number	

2. DEPOSIT INFORMATION

2.1 Reason For Deposit (check one of two options and complete the appropriate section)

<input type="checkbox"/> Contribution		<input type="checkbox"/> Income From Asset	
Total Amount \$	Tax Year:	Total Amount \$	Asset Name:
(if a tax year is not indicated, the contribution will be treated as a current year contribution)		If Loan, Provide Number	Interest Amount \$
			Principal Amount \$

2.2 Deposit Method (this is how the funds will arrive at IRAR, check one option and complete the appropriate section)

<input type="checkbox"/> Check to IRAR Trust	<input type="checkbox"/> Wire (also complete section 3) <input type="checkbox"/> ACH	Wire/ACH Delivery Instructions
100 Pringle Ave, Suite 650 Walnut Creek, CA 94596	Use delivery instructions on the right.	Bank: Citizens Business Bank
Date Sent:	Date Sent:	Address: 1010 E. Colorado Blvd. Pasadena CA 91106
Check Number:	Originating Bank Name:	Account Name: IRAR Trust Company
Sender's Name:	Sender's Name:	Routing/ABA: 122234149
		Credit Account: 674020961
		For Further Credit to: (Client Name and Acct Number)

2.3 Deposit Frequency ☐ One-Time ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Additional Instructions:

3. PAYMENT OF IRAR FEES

How Will You Pay for Transaction Fees?

If credit card is declined, fees will be debited from IRA. Your transaction will **NOT** be processed unless fees are paid.

<input type="checkbox"/> Debit IRAR Account		<input type="checkbox"/> Credit Card (complete credit card information below)	
Credit Card Type			
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Save this card to my account for future fees.			
Name As it Appears on the Card	Card Number	Expiration Date	Security Code
Billing Address	Billing City	Billing State	Billing Zip

By signing below, I authorize my credit card to be charged for the option(s) chosen above. I understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.

Signature	Date

4. ACCOUNT OWNER SIGNATURE AND DEPOSIT ACKNOWLEDGEMENT

I hereby certify that all information I have provided is true and correct and may be relied upon by IRAR Trust Company ("IRAR"). If I am making a contribution, I understand the terms and conditions applicable to the IRA that are contained in the plan agreement, and I agree to those terms and conditions. I certify that (i) I have met the eligibility requirements for making the type of contribution indicated above and (ii) I assume complete responsibility for ensuring that any contributions I make are within the limits set forth by current laws, regulations, and the plan agreement, and for the consequences of any contributions (including any rollover contributions).

Signature	Date