

Looking for an easier, faster way to submit paperwork? Try the **SERVICENOW** option at www.StrataTrust.com/Forms

◆ E-sign and transmit directly to STRATA ◆ Safely upload supporting documentation ◆ Securely transfer data with SFTP file protocol

Use this form to remit with any contribution, rollover or investment-related deposit or payment made to your IRA account.

Please include a separate Deposit Certification for each check or wire

Deposit by Check Instructions

- Make checks payable to: STRATA Trust Company, Custodian FBO (Accountholder Name) IRA (Account #).
- Please include your account number on the memo line of the check.

Deposit by ACH/Wire Instructions

- Please complete and submit the Deposit Certification prior to the funds being sent. Funds received without prior notification may cause delays in processing.
- Funds should be sent to a STRATA IRA as shown below.

Wire Instructions		ACH Instructions
Bank Name	Horizon Bank	Horizon Bank
Bank Address	600 Congress Ave Austin, TX 78701	600 Congress Ave. Austin, TX 78701
ABA	111907940	111907940
For Credit To:	STRATA Trust Company, Custodial Account	STRATA IRA Acct # and Accountholder's last name
Account #	4515532	4515532
Account Type		Checking/DDA
For Further Credit To:	Accountholder's Name, IRA #	

Client Services 866.928.9394 | Deposit.Info@StrataTrust.com | Online: www.StrataTrust.com/Service-Request



Deposit Certification

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Section 1		Account Information	
Accountholder Name		Account Number	
Daytime Phone		Email Address	
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	Social Security Number (Last 4 Digits Only)	
Deposit Amount	Check Number	Wire/ACH Transfer Date	

Section 2	Type Of Deposit
<input type="checkbox"/> Contribution Deposit (Accountholder must sign in Section 3 below)	
<input type="checkbox"/> Annual Contribution for Tax Year *Tax year is an irrevocable designation. If no tax year is chosen, the default will be the current tax year. ____ Apply full amount to Tax Year: _____ ____ Split deposit amount: Tax Year: _____ Amount \$ _____ Tax Year: _____ Amount \$ _____	
<input type="checkbox"/> Annual SEP Contribution (Reported in year received) Must have 5305-SEP Form on file.	
<input type="checkbox"/> Rollover Deposit	
<input type="checkbox"/> Rollover from an employer's qualified retirement plan *Rollovers must be deposited to like accounts <input type="checkbox"/> Check here if in-kind rollover ____ Traditional Rollover ____ Roth Rollover	
<input type="checkbox"/> Rollover from another IRA account *Only one rollover per 12 months allowed <input type="checkbox"/> Check here if in-kind rollover ____ Traditional ____ Roth ____ SEP ____ SIMPLE	
<input type="checkbox"/> Investment-Related Deposit Must specify name of the investment below.	
<div>Investment or Property Name</div>	
<input type="checkbox"/> Note or Debt Payment: Must complete the payment information below, including any interest and principal breakdown.	
Principal \$ _____ Interest \$ _____ Other: _____ \$ _____	
Ending Balance on Note/Debt \$ _____ Note Payoff: ____ Partial ____ Full	
<input type="checkbox"/> Sale or Return of Capital: Must complete the payment information below, including share reduction information.	
____ Return of Capital ____ Full: All current shares/units will be removed with this transaction	
____ Sale of Asset ____ Partial: # Shares or units removed = _____ # shares/units remaining = _____	
<input type="checkbox"/> Dividend <input type="checkbox"/> Rental Income <input type="checkbox"/> Late Fees \$ _____ <input type="checkbox"/> Other _____	

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Section 3

Terms And Conditions

I hereby certify that all information provided is true and correct and may be relied on by STRATA Trust Company ("STRATA").

If making a Contribution, the undersigned understands the terms and conditions applicable to the IRA account are contained in the IRA plan agreement and agrees to be bound by those terms and conditions. The undersigned certifies that (i) the eligibility requirements have been met for making the type of IRA contribution indicated above, (ii) accountholder assumes complete responsibility for ensuring that all IRA contributions made are within the limits set by the tax laws, related regulations and plan agreement and for the tax consequences of any contributions (including any rollover and conversion contributions) and distributions, and (iii) the deposit described above is eligible to be contributed to the IRA.

If making a Rollover, the undersigned Accountholder understands the rules and conditions applicable to direct rollovers and certifies that (i) the requirements have been met for making a direct rollover of the funds shown above (ii) all funds are being deposited within the allowable 60 day period since distributed to me, (iii) this is the only rollover for or by me within the previous 12 month period, and (iv) none of the assets being deposited contain amounts from a Required Minimum Distribution. I acknowledge that I have been advised to see a tax professional due to the important tax consequences of rollovers. I assume full responsibility for this rollover transaction and will not hold STRATA liable for any adverse consequences that may result. I hereby irrevocably designate the rollover amount shown above as a rollover contribution.



Accountholder or Account Designated Representative Signature

Date

Printed Name

Title

Form Submission Options (Please submit using one method below)

- Fax: 512.495.9554
- Email: Deposit.Info@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 901 S. Mopac Expy, Barton Oaks Plaza II, Ste 100
Austin, TX 78746

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