



Client Services
 866.928.9394
 512.637.5739
 www.StrataTrust.com

Deposit Certification

Send to: (Please submit using one method)
 Email: Deposit.Info@StrataTrust.com
 Fax: 512.495.9554 / Attn: Accounting
 US Mail: PO Box 849, Austin, TX 78767
 Overnight: 901 S. Mopac Expy,
 Barton Oaks Plaza II, Ste 100
 Austin, TX 78746

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	
Deposit Amount	Check Number	Wire Transfer Date

Section 2 Type of Deposit

- Contribution Deposit** (Accountholder must sign in Section 3 below)
 - 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.
 - Annual SEP Contribution (Reported in year received)
 - Rollover from an employer's qualified retirement plan
 - Rollover from another IRA account: ___ Traditional ___ Roth ___ SEP ___ SIMPLE

- Investment-Related Deposit** Must specify name of the investment below.

Investment or Property Name

- 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

- 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 = _____

- Dividend**
 Rental Income
 Late Fees \$ _____
 Other _____

Section 3 Signature—Accountholder must sign below if deposit is a Contribution.

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 Signature _____
 Date