

IRA DEPOSIT SLIP

DATE	
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Please read the attached instructions.

ACCOUNT HOLDER'S INFORMATION		
Name		
Account No.		
Social Security No. (Last 4 Digits)		
CONTRIBUTION INFORMATION		
<i>(If no tax year is provided for Traditional, Roth, or Coverdell, the deposit will be reported to the IRS as a current-year contribution)</i>		
Contribution Amount	\$	Contribution Date
Traditional IRA Annual Contribution for Tax-Year 20__ <i>(Includes Catch-Up Contributions)</i>		
Roth IRA Annual Contribution for Tax-Year 20__ <i>(Includes Catch-Up Contributions)</i>		
Coverdell ESA Annual Contribution for Tax-Year 20__ <i>(Includes Catch-Up Contributions)</i>		
*Employer Contribution <i>(SEP, Profit Sharing, Money Purchase, Individual 401K)</i>		
*Employee Salary Deferral <i>(401K)</i>		
Transfer from Identical IRA		
**Rollover Contribution – Direct or 60-Day <i>(See Irrevocable Rollover Designation Below)</i>		
*REPORTING OF EMPLOYER & EMPLOYEE SALARY DEFERRAL CONTRIBUTIONS		
Internal Revenue Service (IRS) regulations require Apex to report employer contributions (PSP, MPP, and SEP, including employee salary deferrals) in the calendar year in which they are made.		
**IRREVOCABLE ROLLOVER DESIGNATION		
I attest and acknowledge that the funds deposited are eligible to be contributed to this IRA, that the assets are the same assets that were distributed as a Direct Rollover or as an Indirect Rollover less than 60 days ago, and that I am allowed only one 60-day rollover distribution from an IRA in a rolling 12-month period regardless of the number of IRAs I own. Due to the important tax consequences of rolling over a cash balance, or securities, I have been advised to consult with a tax professional and I attest that the custodian has not provided any tax advice. By selecting this option, I certify that no part of his contribution contains amounts required to be distributed under Internal Revenue Code Sections 408(a)(6) and 401(a)(9), and I acknowledge that I am making an irrevocable election to designate this contribution as a rollover contribution.		
SIGNATURE		
All information provided by me is true and correct and may be relied upon by the custodian. I assume full responsibility for these transactions and release, indemnify and hold Apex Clearing Corporation and its officers, directors, employees, affiliates, assigns, agents, employees or successors harmless from and against any and all liabilities, damages, losses, costs (including attorney's fees), claims or actions arising from or related to any errors, improper instructions, or misrepresentations in this request.		
<i>IRA Holder's Printed Name</i>	<i>IRA Holder's Signature</i>	<i>Date</i>