

## **Deposit Certification**

Looking for an easier, faster way to submit paperwork? Try the SERVICENEW option at <a href="www.StrataTrust.com/Forms">www.StrataTrust.com/Forms</a>
\*E-sign and transmit directly to STRATA \* Safely upload supporting documentation \* Securely transfer data with SFTP file protocol

Use this form to remit any contribution, rollover, or investment-related deposit or other payments made to your STRATA Trust Company "STRATA" IRA *prior* to sending funds.

A separate Deposit Certification form is required for each check or wire. For more information on IRA deposit rules, annual contribution limits, or anticipated timelines visit Fund Self-Directed IRAs in our SDIRA Knowledge Center.

One Control Annual Control					
Section 1 Account Information					
Accountholder	Account				
Name  Daytime Email	Number	Social Security Number			
Phone Address		(Last 4 Digits Only)			
Account Type (Select One) Traditional Roth SEP (Reported in the year must have a 5305-SEP for		Deposit Amount			
Section 2 Type of Deposit					
(1) Contribution Deposit (Must have earned income for contribution	year.)				
Annual Contribution (Tax year is an irrevocable designation, if no tax year is chosen, the default will be the current tax year.)					
Is the deposit coming from an education savings or prepaid tuition 529	9 plan?	□ No			
Apply Full Amount Tax year:					
Split Deposit Tax year (1): Amount \$_	Tax Year (2) _	Amount \$			
Annual SEP Contribution (Reported in the year received; must have a 5305-SEP form on file)					
Rollover Deposit (Rollovers must be deposited into like accounts.)					
☐ Rollover from an employer's qualified retirement plan  Select One: ☐ Traditional Rollover ☐ Roth Rol	Check here if an in	-Kind rollover			
Rollover from another IRA account (One per 12 months)  Check here if an in-kind rollover					
Select One:   Traditional   Roth   SEP   SIMPLE					
(2) Investment-Related Deposit Investment or property name:					
Note or Debt Payment: Complete the payment information below, in					
Principal \$ Interest \$		•			
Ending Balance on Note/Debt \$					
Late Fees \$		Failiai Fuii			
☐ Sale or Return of Capital: 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 =					
Sale of Asset — Partial. # Shares of units remo					
☐ Dividend					
(3) Other (Specify)					

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



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Section 3 Payment Information					
Funds Availability: For faster processing, we recommend using electronic payments (ACH or wire) when remitting funds to a STRATA account. Checks may be subject to a hold of up to 7 business days to confirm funds.					
☐ (1) Deposit by Ch	neck Check N	umber			
Check Delivery Instructions		Submission Details			
US Mail			Overnight Delivery	Make checks payable to: STRATA Trust Company, Custodian FBO (Accountholder Name) IRA (Account #)	
			l S. Mopac Expressway n Oaks Plaza II, Suite 100 Austin, TX 78746		
(2) Deposit by ACH/Wire ACH/Wire Date/					
Payee Info	ACH Instru	ıctions	Wire Instructions	Submission Details	
Bank Name	Horizon Bank		Horizon Bank	<ul> <li>This Deposit Certification form must be submitted prior to funds being sent.</li> <li>Funds received without prior notification may cause delays in processing.</li> </ul>	
Bank Address	600 W. 5th Street Austin, TX 78701		600 W. 5th Street Austin, TX 78701		
ABA	111907940		111907940		
For Credit To:	IRA Account # and Accountholder's La		STRATA Trust Company, Custodial Account		
Account #	4515532		4515532		
Account Type:	Checking/DDA				
For Further Credit To:			Accountholder's Name, IRA#		
Section 4 Terms and Conditions					
I hereby certify that all information provided is true and correct and may be relied on by 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 being 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. If conducting a rollover, 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. If any of this information is incorrect and leads to corrected IRS tax forms, form correction fees will apply. Please see STRATA's IRA Fee Schedule.					
Accountholder Signature			Date		
Printed Name					

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Email: Deposit.Info@StrataTrust.com

Fax: 512.495.9554

Form Submission Options (Please submit using one method below.)

US Mail: PO Box 849, Austin 78767

Austin, TX 78746

Overnight: 901 S. Mopac Expy, Barton Oaks Plaza II, Ste100