

## Tamerican JRA Self-directed IRA Services

Deposit Coupon Instructions

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

137 Broad Street • Asheville, NC • 28801 • 1-866-7500-IRA(472)

#### Guidelines

Please complete and remit the following forms with any contribution, rollover or investment related deposit made to your IRA account (these forms are required for both check and bank wire transactions)

- Please use the Buy Direction Form to provide investment intructions. We can not accept investment Instructions written on the Deposit Coupon.
- Please submit a separate Deposit Coupon for each check or wire.
- Please visit our website, <u>www.americanira.com</u>, for additional deposit coupons.

#### **Check Instructions**

- Please make checks\* payable to: American IRA, LLC, FBO (Accountholder Name) IRA Number
- To help us process your checks quickly and accurately, please be sure to include your IRA account number on the memo line of your check.

\*PLEASE ALLOW 11 BUSINESS DAYS FOR CHECK TO CLEAR

#### Wire Instructions

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To avoid delays in processing, please be sure to complete and remit the Deposit Coupon prior to the wire being sent.

#### Please wire funds to your IRA as follows:

Wire to:

Union Center National Bank 2455 Morris Avenue Union, NJ 07083

**Routing No.:** 021205648

Account Name: American IRA, LLC

**Depository Account** 

**Account No.: 392995** 

Reference: Acct. Holder Name & Acct. No.

Note: Union Center National Bank can not guarantee same day delivery of wires.

#### Submit your completed Deposit Coupon to us

Send by Mail or Stop in Person

American IRA, LLC 137 Broad Street Asheville, NC 28801 **Send by Fax**: 828-257-4948



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### **Deposit Coupon Form**

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

Mailing Address: American IRA, LLC 137 Broad Street Phone: 1-866-7500-IRA(472) 828-257-4949 **Fax**: 828-257-4948

Website:

www.americanira.com

_ Asheville, NC 28801		
Account Holder Information		
1 Account Holder's I	Name	
Account Number	Account Type	
Phone E-mail Address		
Account Type Traditional Roth Employee SEP SIMPLE OESA OHSA		
O 401(k) Employ <u>er</u> O 401(k) Employ <u>ee</u> Traditional O 401(k) Employ <u>ee</u> Roth C Employ <u>er</u> SEP		
Deposit Amount	*PLEASE ALLOW 11 BUSINESS DAYS FOR CHECK TO CLEAR	ransfer
Reason for Deposit*		
Contribution (Account holder-please sign and date Section 3)		
Contribution For Tax Year (SEP contributions are reported in the year received.)		
Investment Related Deposit (Please provide name of investment)		
Investment Name		
Note or Debt Payment (Please complete payment information below)		
Interest \$	Principle \$	
New Ending Bala On the Note/Deb		
Note Payoff:	Partial Full	
Rental Income	Dividend	
Return of Capital		
Signature		
3 I hereby certify that all information provided is true and correct and may be relied on by American IRA, LLC.		
If making a Contribution, the undersigned understands the terms and conditions applicable to the IRA account as 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 show 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 American IRA, LLC liable for any adverse consequences that may result. I hereby irrevocably designate the rollover amount shown above as a rollover contribution.		
Accountholder Signature	Date	