IRA DEPOSIT FORM

(Internal Account Journal and ACH Authorization)



□ INITIAL DEPOSIT □ AMENDED REQUEST

UEST 🗌 CANCEL REQUEST

BROKERAGE ACCOUNT INFORM	ATION					
ACCOUNT NUMBER						
NAME						
TYPE OF DEPOSIT						
IRA CONTRIBUTION	ROTH CONTRIBUTION		SEP CONTRIBUTION			
ROLLOVER*	COVERDELL ESA SIMPLE Employer Employee					
*A Traditional or Roth Rollover Certification Form is required for any rollover deposit						
DEPOSIT INFORMATION						
\$TAX YE	AR:	\$	TAX YEAR:			
INTERNAL ACCOUNT BROKERAG	E JOURNAL					
TRANSFER FROM SINGLE/JOINT BROK	ERAGE ACCOUNT NUM	BER:				
TRANSFER FROM BANK TO BRO (All systematic deposits will be coded as Current)	-					
Amount: \$			Start Date			
Frequency: One-time	Monthly	Ωuarterly	End Date:			
BANK ACCOUNT INFORMATION	N					
REGISTRATION						
BANK NAME	CITY			STATE		
ROUTING#	ACCOUNT#		TYPE: 🗌 CHECKING [SAVINGS		

Please attach a voided check (checking) or deposit slip (savings) with any ACH requests.

This authority is to remain in full force and effect until Hilliard Lyons is directed in writing from me (us) of its termination in such time and in such manner as to afford Hilliard Lyons a reasonable opportunity to act on it, but in no event will it occur later than three business days prior to the scheduled date of transaction. In the event of an erroneous charge to the account, I will send written notice to the bank within sixty (60) days of the first statement of account on which the error appeared.

In the event of an excess contribution (as defined in Code Section 4973(b)) for the applicable tax year, I agree to indemnify and hold harmless Hilliard Lyons of any tax liabilities or fees that would be applicable in the removal of the excess.

SIGNATURES (ALL BANK AND BROKERAGE ACCOUNT OWNERS MUST SIGN)

If the registrations for the bank account and the brokerage account are not the same, signatures of all account holders are required before a withdrawal from the bank account can be initiated on the brokerage account. If funds are to be transferred from a joint brokerage account both owners must sign.

BY SIGNING BELOW I/WE AGREE I/WE HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS OF THIS DOCUMENT AND HAVE RECEIVED A COPY OF THIS AGREEMENT.

Signature 1	Name		Date			
Signature 2	Name		Date			
BRANCH OFFICE MUST COMPLETE						
LOA Number:		Processor Name:				
843_IRA DEPOSIT FORM-COMBINED_HL.doc				Rev. 03/27/08		