



2522 Chambers Road, Ste 100  
 Tustin, CA 92780  
 Phone: (714) 460-5505  
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# Contribution Form

<b>1. Account Holder's Name and Address</b>		<b>2. Social Security No.</b>
Full Name: _____		<b>3. Account Type</b> <input type="checkbox"/> IRA/Roth/SEP <input type="checkbox"/> ESA <input type="checkbox"/> 401(k) <input type="checkbox"/> HSA <input type="checkbox"/> Trust <input type="checkbox"/> Other _____
Mail Address: _____		
City, State, Zip: _____		<b>4. Account No.</b>
		<b>5. Date</b>

6. Contribution Information				
Contribution Year	Amount		Amount	
<b>Contribution Type</b>	<b>Traditional</b> <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization	<b>Roth</b> <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization	<b>SEP</b> <input type="checkbox"/> Elective Deferral <input type="checkbox"/> Employer Contribution	<b>SIMPLE</b> <input type="checkbox"/> Elective Deferral <input type="checkbox"/> Employer Contribution <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization
<b>Payment Method</b>	I will be making this contribution by one of more of the following methods: <input type="checkbox"/> Personal Check <input type="checkbox"/> Cashiers Check <input type="checkbox"/> Money Order <input type="checkbox"/> Wire <input type="checkbox"/> Cash <input type="checkbox"/> Other			

7. Special Instructions	8. Signature
	<p>I understand that all contributions deposited and accepted are subject to all Federal and State laws and the regulations and policies of the custodian, including policies, laws and regulations that exist now or may exist in the future.</p> <p>I certify that the deposit and contribution, described herein, is eligible to be contributed to the account described above. I further certify that all of the information provided for this contribution is true and correct and may be relied upon by the custodian.</p> <p>_____ (Account Holder)                      _____ (Date)</p>

**Make your checks payable to “American Estate & Trust LC, FBO \_\_JOHN DOE’S IRA\_\_”**  
 (Your name goes on the line)