

# Contribution Authorization

## STEP 1. PARTICIPANT INFORMATION

First Name	Middle Initial	Last Name	Account Number
			-

## STEP 2. RETIREMENT PLAN TYPE

- Traditional IRA
  Roth IRA
  SEP IRA
  SIMPLE IRA
  Education Savings Account
  Special Needs Apply

**USE THE ROTH CONVERSION/  
RECHARACTERIZATION REQUEST FORM  
FOR INTERNAL ROTH CONVERSIONS.**

## STEP 3. CONTRIBUTION TYPE

### Cash Contributions

In keeping with Internal Revenue Service (IRS) tax reporting requirements, all SEP and SIMPLE IRA contributions (including employee salary deferrals) must be reported in the year in which they actually occur, regardless of the year of designation. For additional information, refer to the filing instructions for IRS Form 5498.

	CURRENT YEAR	PRIOR YEAR	TOTAL DEPOSIT
IRA Contribution	\$	\$	\$
Education Savings Account	\$	\$	\$
Employer Contribution (SEP IRA)	\$	\$	\$
Employer Matching Contribution (SIMPLE IRA)	\$	\$	\$
Employer Nonelective Contribution (SIMPLE IRA)	\$	\$	\$
Employee Salary Deferral Contribution (SIMPLE IRA, SARSEP)	\$	\$	\$
Roth Conversion – Cash (from previous Traditional IRA account)	\$		\$
Rollover – Cash (see Certification section below)	\$		\$
<b>Total</b> (the amount of your check should equal this amount)	<b>\$</b>	<b>\$</b>	<b>\$</b>

### Securities Rollover/Conversion

- Rollover of securities (for like IRA registration types or employer-sponsored plan distributions to an IRA)

Description	Quantity
Description	Quantity
Description	Quantity

- Securities conversion to Roth IRA (from previous Traditional IRA account)

Description	Quantity
Description	Quantity
Description	Quantity



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**STEP 4. PARTICIPANT OR GUARDIAN ACKNOWLEDGEMENT (IF APPLICABLE)**

Please check and acknowledge appropriate sections based on your contribution type(s) selected above.

**Employer-Sponsored Retirement Plan to Rollover IRA Contribution**

Initial Here

I hereby certify that I understand the rollover rules and conditions as they pertain to this retirement account, and I have met the requirements for making such a transaction, including the eligibility of these assets to be rolled over to an IRA. In addition, I have been provided with information and/or educational materials regarding my rollover distribution options, which include:

1. I may be eligible to leave my account in my current employer-sponsored retirement plan;
2. I may transfer (roll over) my account into my new employer retirement plan (if my new employer offers a retirement plan that permits transfers to that plan);
3. I may roll over my account assets into an individual retirement account or annuity (IRA) with a bank, brokerage firm, insurance company or other financial institution that offers IRA programs; or
4. I may have my account paid directly to me with the understanding that there will be immediate income tax consequences, and possibly excise taxes.

Information and/or educational materials made available discussed many of the most important advantages and disadvantages of the four options, including investment options, fees and expenses, services, penalty-free withdrawals, protection from creditors and legal judgments, required minimum distributions, and employer stock. I reviewed this information and any associated materials regarding the investment fees and other costs associated with opening and maintaining an IRA. If I am conducting this transaction as a non-spouse beneficiary of a deceased plan participant, I understand that the transaction must be conducted as a direct rollover.

**IRA to IRA Rollover Contribution**

Initial Here

I hereby certify that I understand the rollover rules and conditions as they pertain to this retirement account, and I have met the requirements for making such a transaction. In addition, due to the important tax consequences of rolling over funds or property, I have been advised to consult with a tax professional to discuss my eligibility for the rollover contribution, applicable contribution time requirements including the 60-day rollover timing, and the one rollover per 12 month rule for all IRA assets (exceptions may apply).

**Age 70½ Conversion/Rollover Restriction**

Initial Here

I hereby certify that I am age 70½ or older this year and have been informed that I may not roll over or convert any required minimum distribution amounts. In addition, I hereby certify that I have met my minimum distribution requirements with regards to the distributing plan.

**Roth Conversion (Traditional IRA to Roth IRA)**

Initial Here

I hereby certify that I understand the Roth IRA conversion rules and conditions as they pertain to this retirement account, and I have met the requirements for making such a transaction. Due to the important tax consequences of converting funds or property, I have been advised to consult with a tax professional. I assume full responsibility for this transaction and will not hold the Custodian liable for any adverse consequences that may result. I hereby designate the conversion of funds or property.

**STEP 5. PARTICIPANT OR GUARDIAN SIGNATURE**

All information provided by me is true and correct and may be relied upon by the Custodian, Introducing Broker-Dealer, and/or Advisor. I assume full responsibility for my contribution transaction including determining whether my contribution satisfies the requirements of the Internal Revenue Code. If the contribution contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. The Custodian is entitled to act upon any instrument, certificate, or form it believes is genuine and believes is executed or presented by the proper person or persons, and the Custodian need not investigate or inquire as to any statement contained in such document but may accept it as true and accurate. I will not hold the Custodian liable for any adverse consequences, including taxes (or interest thereon) or penalties, that may result from making this contribution.

Print Name	Date
Signature	<input type="text"/> - <input type="text"/> - <input type="text"/>

X

Make checks payable to: Pershing LLC FBO \_\_\_\_\_, and write your account number on the check.  
(Participant Name)

**Please return to:**  
Pershing LLC • Attention: Retirement Products Department Imaging • One Pershing Plaza • Jersey City, New Jersey 07399