## **Contribution Form**



Client Service | 888.990.7892 E. clientservice@ptcemail.com F. 702.946.0136 W. www.preferredtrustcompany.com 6700 Via Austi Parkway, Suite 301 Las Vegas, NV 89119

PTC IRA Account Number

nt Number

Preferred Trust Company as Custodian accepts cash contributions to an IRA account. There is no fee associated with automatic contribution transactions. Funds are deducted from a checking or savings account. The financial institution must be a member of the Automated Clearing House (ACH). Deductions will be processed as designated for a one-time contribution or recurring contribution on the 5th and/or the 20th of each month or the business day prior. The minimum automatic contribution is \$25.00 and the maximum is dependent on the allowable maximum amount in accordance with IRS rules and regulations of Publication 590 for the current year as defined at www.irs.gov. Preferred Trust Company as Custodian reserves the right to cancel an automatic contribution should the ACH deduction be rejected due to insufficient funds or incorrect account information.

section 1   IRA Account Owner Information					
First Name Last A Digits of SSN DOB (MM/DD/YY)					
Daytime Phone Number Email Address					
SECTION 2   Deduction Information					
REPORTING					
Indicate tax year this contribution is attributable, if not intended for current year. Is this contribution a gift? O Yes O No					
ONE-TIME CONTRIBUTION					
Deduction Amount (minimum \$25.00) \$					
RECURRING CONTRIBUTION					
O Monthly on the <b>5th</b> O Monthly on the <b>20th</b> O Twice Monthly on the <b>5th</b> and <b>20th</b> O Annual Contribution					
Deduction Amount (minimum \$25.00) \$					

BANK INFORMATION | Preferred Trust Company recommends sending a copy of a VOIDED check for Automatic Contributions to be setup for verification purposes. Notify Preferred Trust Company if the bank information changes. An ACH that is rejected will be assessed a \$30.00 ACH Automatic

Contribution Rejection Fee.

Banking Institution Na	ame				
Name on Account			Account Type	Checking	C Savings
Bank Account Numbe	er	Routing Number			

## section 3 | Acknowledgement

I authorize Preferred Trust Company as Custodian to deduct the above stated amount from my bank account on the withdrawal date(s) specified on this form. This authority will remain in effect until I submit written notice of change or termination.

Signature of IRA Account Owner	
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INTERNAL USE ONLY

Date

Verified	
(Initials and Date)	