

VIP Services: (888) 855-9856 | info@trustprovident.com
7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

Section 1 Account Owner Information

First Name MI Last Name

Email Last Four Digits of Social Security Number Account Number

Accepting Account Type: Traditional IRA Roth IRA SIMPLE IRA SEP IRA
 Inherited Traditional IRA Inherited Roth IRA Qualified Plan Other

Section 2 Deposit Type and Information

Complete Option 1 OR Option 2 below.

Option 1: Asset Payment If you are rolling over assets, complete a *Rollover Contribution – Assets form*.
(Complete the asset name and indicate the type of deposit being made)

Asset Name This payment pays off the asset.

<input type="checkbox"/> Rental or Property Income	\$ <input type="text"/>	<input type="checkbox"/> Return of Principal	\$ <input type="text"/>
<input type="checkbox"/> Sale or Maturity Proceeds	\$ <input type="text"/>	<input type="checkbox"/> Interest or Earnings	\$ <input type="text"/>
<input type="checkbox"/> Loan Payment – Total Payment	\$ <input type="text"/>	<input type="checkbox"/> Other	\$ <input type="text"/>

Name of Borrower Description


Interest \$ Principal \$

Option 2: Contribution Information

Indicate the contribution amount, type, and how it will be made.

Contribution Amount \$

Contribution Type (Select One)

Regular – Contribution for Tax Year  If no tax year is indicated, the contribution will be made for the current year

Rollover – By selecting this transaction, I irrevocably designate this contribution as a rollover.

529 Plan (qualified tuition plan) to Roth IRA – Counts as a regular Roth IRA contribution. Contribution for Tax Year

Deposit made via (Select one)

Wire Check Number

Type of Contribution:

<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Individual 401(k) Plan
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Elective Deferral	<input type="checkbox"/> Elective Deferral
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Employer Contribution	<input type="checkbox"/> Employer Contribution
		<input type="checkbox"/> Designated Roth 401(k) Elective Deferral

Section 3 Account Owner Authorization

If a contribution is being submitted by someone other than the account owner or if this is a rollover contribution, the account owner must sign below to acknowledge the deposit.

By submitting this form, I, as the account owner, acknowledge the following: This account is self-directed and I alone am responsible for the selection, due diligence, management, review, and retention of all investments in this account. I agree that the Custodian and Administrator are not a "fiduciary" for the account, as the term is defined in the Internal Revenue Code, ERISA, or any other applicable federal, state or local laws. I direct the Custodian and Administrator, in their passive capacities, to enact this transaction for this account. I acknowledge and confirm that I have received, read, and understand each of the disclosures for the account(s) and direction(s) of investment, and I consent and agree to the terms and condition contained therein.

X _____
Account Owner Signature Date (mm/dd/yyyy)

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