



P.O. Box 669802, Dallas, TX 75266-0955

TRADITIONAL IRA CONTRIBUTION

Please review all information below and complete as applicable. If you have any questions regarding the information on this form, please contact our IRA Specialists toll-free at 1-866-226-5638.

IRA Owner Information

Name			Social Security Number			Date of Birth		
Address						Phone Number		
City/State/Zip								

Deposit Information

			\$			Contribution for Tax Year*:		
Account Number			Amount of Deposit			Type of Deposit		
<input type="checkbox"/> Transfer funds from my existing Synchrony Bank Account # _____								
*If no year is entered, the contribution will be processed as a current year contribution.								

Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

X _____	_____	X _____	_____
Signature of Owner	Date	Signature of Trustee/Custodian	Date

