



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

ROTH 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

Account Number	\$ Amount of Deposit	Contribution for Tax Year*:	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