

# IRA Contribution

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

This form is used to make a contribution into an IRA, SEP, SIMPLE or Education Savings Account (ESA). It should be completed by the IRA owner, Employer (if a SEP or SIMPLE) or the Responsible Party (if an ESA). For more information regarding IRA Contributions, please see your tax advisor. **Use the Rollover Contribution Form (588124) for depositing a rollover contribution.**

IRA Holder Name	Last 5 digits of SSN
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## CONTRIBUTION

<b>Type</b>	<input type="checkbox"/> Traditional <input type="checkbox"/> SAR SEP <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth <input type="checkbox"/> ESA <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Traditional <input type="checkbox"/> Employer
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<b>Method</b>	<input type="checkbox"/> Check payable to First Clearing, LLC is attached. <input type="checkbox"/> Transfer funds from First Clearing, LLC non-IRA account Number: _____ - _____ <input type="checkbox"/> One Time <input type="checkbox"/> Periodic (complete periodic information below) <input type="checkbox"/> ACH Funds into above referenced IRA: <b>Complete Bank Information Below and Attach a Voided Check</b> <input type="checkbox"/> One Time <input type="checkbox"/> Periodic (complete periodic information below)		
<b>Bank Information:</b>			
Name on Bank Account		Name of Bank	
		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank City	Bank State	ABA/Routing #	Account Number to Debit

<b>Periodic Contribution</b>	<input type="checkbox"/> Establish New – effective _____ (1 <sup>st</sup> – 28 <sup>th</sup> ) <input type="checkbox"/> Change Existing – effective _____ (1 <sup>st</sup> – 28 <sup>th</sup> ) I authorize First Clearing, LLC to update the existing ACH/Journal(s) as directed <input type="checkbox"/> Cancel Existing Instructions – I authorize First Clearing, LLC to cancel the existing ACH/Journal(s) as directed.		
<b>Instructions for Transfer of Funds and ACH</b>			
In order to make a contribution via transfer of funds or ACH, please read, select a frequency option and provide bank information			
<ul style="list-style-type: none"> <li>All recurring deposits will be considered current year contributions only. Prior year contributions cannot be set up as recurring deposits. <b>Note: One-time ACH/Journal contributions may be made for prior year.</b></li> <li>Written authorization is required to change the cycle date, frequency, bank account number, IRA or non IRA account number, and/or dollar amount. Written notice is also required to end systematic deposits.</li> </ul>			
<b>Frequency:</b> By making a selection, you acknowledge that you have read and understand the Instructions above.			
<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Monthly (Last Business Day) <input type="checkbox"/> Semi-monthly (2 times/month) _____ & _____ <input type="checkbox"/> Bimonthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually (every 6 months)			

<b>Contribution Amount</b>	Contribution \$ _____ <b>Applicable Tax Year:</b> <input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year <i>*All Periodic Contributions will be current year only</i> <b>Catch Up Contribution:</b> <input type="checkbox"/> Amount includes additional contribution available to individuals age 50 or older
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## CLIENT SIGNATURE AND ACKNOWLEDGEMENT

By making this contribution, I certify to the following:

- I am eligible to make the contribution indicated above.
- After making this contribution, I will not have exceeded my maximum contribution limit for the year.
- If no tax year is indicated, I understand that the deposit will be considered a current year contribution.
- I understand that I can no longer contribute to my Traditional IRA beginning the year I obtain age 70 ½.
- I understand that contributions into an ESA can no longer be made once the Designated Beneficiary (child) attains the age of 18, unless the child is a "special needs beneficiary".
- If I am requesting an ACH or the transfer of funds from another account, I have read and understand the instructions provided in the "Instructions for Transfer of Funds and ACH" section above and have attached a voided check or savings account deposit slip.
- All decisions regarding this deposit are my own and I have received no tax advice from Wells Fargo Advisors, LLC ("WFA").

I expressly assume responsibility for any tax implication and any adverse consequences, which may arise as a result of this deposit and I agree that WFA shall in no way be held responsible.

If the registrations for the bank account and the brokerage account are not the same, signatures of all account holders are required before a withdrawal from the bank account can be initiated on the brokerage account.

**DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS.**

Signature of IRA Holder, Employer or Responsible Individual X	Printed Name	Date
Signature of Other Bank Account Owner (only if required) X	Printed Name	Date

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