

Account Holder's Name and Address
Full Name: _____
Mail Address: _____
City, State, Zip: _____

IRA-ESA-HSA Custodian
American Estate & Trust, LC 7251 W. Lake Mead Blvd., Ste 300 Las Vegas, NV 89128 Fax (702) 562-4122 Ph. (866) 654-6111 e-mail: info@trusteeamerica.com

Social Security No.	Date of Birth	Home Phone	Account Type	AET Acct. No.
			<input type="checkbox"/> IRA <input type="checkbox"/> Educ SA <input type="checkbox"/> Health SA	

CONTRIBUTION INFORMATION	
Contribution Date	Contribution Type
	<i>Select One:</i> TRADITIONAL IRA <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization ROTH IRA <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Conversion <input type="checkbox"/> Recharacterization
	SIMPLE IRA <input type="checkbox"/> Elective Deferral or Employer Contribution <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization SEP IRA <input type="checkbox"/> Elective Deferral or Employer Contribution <input type="checkbox"/> Education Savings Account <input type="checkbox"/> Health Savings Account
Contribution Amount	
Contribution For Tax Year*	
*Only applicable for regular contributions (including spousal and catch-up contributions).	

I am making this contribution by some combination of the following payment methods (use any or all choices):

- Personal Check.....In the Amount of: \$ _____
- Cashiers Check.....In the Amount of: \$ _____
- Credit Card In the Amount of: \$ _____
- Electronic Funds Transfer In the Amount of: \$ _____

For any portion being paid by credit card, provide the following information:

Name on Card: _____ Card Type: Visa Mastercard American Express

Expiration Date: _____ Card Number: _____

Credit Card Authorization: _____
(Signature Required)

SPECIAL INSTRUCTIONS

SIGNATURE
I understand that all contributions deposited and accepted are subject to all applicable Federal and state laws, and to the regulations and policies of American Estate & Trust, LC, including laws, regulations and policies presently existing or which may exist in the future. I certify that the deposit or contribution described above is eligible to be contributed to the IRA identified above. I certify that all of the information provided by me is correct and may be relied upon by American Estate & Trust, LC. _____ (Date) Account Holder

Deposit Taken by