

Contribution Form

1. Account Holder's Name and Address	2. Social Security No.	
Full Name: _____ Mail Address: _____ City, State, Zip: _____	3. Account Type	<input type="checkbox"/> IRA/Roth/SEP <input type="checkbox"/> ESA <input type="checkbox"/> 401(k) <input type="checkbox"/> HSA <input type="checkbox"/> Trust <input type="checkbox"/> Other _____
	4. Account No.	
	5. Date	

6. Contribution Information				
Contribution Year			Amount	
Contribution Type	Traditional	Roth	SEP	SIMPLE
	<input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization	<input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization	<input type="checkbox"/> Elective Deferral <input type="checkbox"/> Employer Contribution	<input type="checkbox"/> Elective Deferral <input type="checkbox"/> Employer Contribution <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Recharacterization
Payment Method	I will be making this contribution by one of more of the following methods: <input type="checkbox"/> Personal Check <input type="checkbox"/> Cashiers Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Wire <input type="checkbox"/> Cash <input type="checkbox"/> Other If transfer is by wire, please wire to the following: Wells Fargo Account #: 3393886381 Routing #: 121000248 Account Name: American Estate & Trust, LC			
Credit Card Info	I authorize the custodian to charge my credit card as follows:			
	Card Type	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		
	Name on Card			
	Card Number			
	Expiration Date			
	Authorization	_____ (Signature)		

7. Special Instructions	8. Signature
	I understand that all contributions deposited and accepted are subject to all Federal and State laws and the regulations and policies of the custodian, including policies, laws and regulations that exist now or may exist in the future. I certify that the deposit and contribution, described herein, is eligible to be contributed to the account described above. I further certify that all of the information provided for this contribution is true and correct and may be relied upon by the custodian. <div style="display: flex; justify-content: space-between;"> _____ (Account Holder) _____ (Date) </div>