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# Contribution Form

1. Account Holder's Name and Address	2. Social Security No.	
Full Name: _____	3. Account Number	
Mail Address: _____	4. Account Type	IRA/Roth/SEP      401K HSA      ESA Other _____      Trust
City, State, Zip: _____	5. Date	

Contribution Information				
6. Contribution Year	7. Contribution Amount			
8. Contribution Type	Traditional Regular Transfer Rollover Recharacterization	Roth Regular Transfer Rollover Recharacterization	SEP Elective Deferral Employer Contribution	SIMPLE Elective Deferral Employer Contribution Transfer Rollover Recharacterization
9. Payment Method	I will be making this contribution by one of more of the following methods: Personal Check    Cashiers Check    Money Order    Wire    Cash    Other  Please wire to the following: Wells Fargo Account #: 3393886381 Routing #: 121000248 Account Name: American Estate & Trust, Inc.  Please note that there are processing times and holding periods for transactions. 1) Checks – 7-5 Business Days; 2) Wires – 2-3 business days for processing.			

10. Special Instructions	11. 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.  _____ (Account Holder)      _____ (Date)