

PART 1. ACCOUNT OWNER INFORMATION

First Name: M.I.: Last Name: Account #:

Last 4 SSN: Date of Birth: (MM/DD/YYYY) Email Address:

New Cancel Existing

PART 2. CONTRIBUTION INFORMATION

I hereby authorize Digital Trust to initiate debit entries to my account at the Financial Institution indicated below and for the Financial Institution to debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution. Until I give written instructions to the contrary, I direct the Custodian or Trustee to debit the amount requested as follows:

Contribution Type

Traditional Roth SEP
For SIMPLE IRAs: Elective Deferral Employer Contribution
For Individual 401(k) Plans: Elective Deferral Employer Contribution Roth Elective Deferral

One-Time Contribution Details

Tax Year of Contribution: Contribution Amount: \$

Recurring Contribution Details

Contribution Amount: Payment Occurrence: Monthly Quarterly Month to Begin: Process Payments on: 1st 15th

! Recurring contribution requests will be automatically cancelled if the request is rejected three (3) times or if pulling the funds would lead to an overcontribution.

PART 3. ACCOUNT OWNER AUTHORIZATION

I have included a copy of a voided check with this Contribution Form

I certify that all information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining eligibility requirements related to my account(s) and investments and if necessary have sought assistance from qualified legal, tax, or investment professionals.

Signature of Account Owner: Account Owner Name: (Print or Type) Date: (MM/DD/YYYY)