

DEPOSIT SUBMISSION FORM



(800) 777 - 9878

(800) 867 - 7668

operations@digitaltrust.com

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 2. DEPOSIT INFORMATION

Option 1: Contribution (Complete the following information)

Contribution Amount:	Contribution Tax Year:	Contribution Type: (For Employer Plans)	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Elective Deferral	<input type="checkbox"/> Employer Contribution

Contribution Made Via:

<input type="checkbox"/> Wire; Expected Transfer Date:	<input type="checkbox"/> ACH; Expected Transfer Date:	<input type="checkbox"/> Check; Check Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Option 2: Fee Payment (The account owner referenced above elects to pay outstanding Digital Trust Fees.) Check #:

Option 3: Asset Payment (Complete the following information)

Asset Name: This payment pays off the asset.

Total Payment Amount:	Allocated Interest Amount:	Allocated Principal Amount:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Type:

<input type="checkbox"/> Rental / Property Income	<input type="checkbox"/> Return of Principal	<input type="checkbox"/> Sale / Maturity Proceeds	<input type="checkbox"/> Interest / Earnings
<input type="checkbox"/> Loan Payment: (Provide Borrower Name below)	<input type="checkbox"/> Other: (Explain below)		
<input type="text"/>	<input type="text"/>		

PART 3. ACCOUNT OWNER AUTHORIZATION

! If funds are being deposited by someone other than the account owner, the account owner must sign below to acknowledge the deposit. Deposits made by someone other than the account owner are irrevocable.

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>