



Self Directed IRA

S E R V I C E S I N C

A subsidiary of Horizon Bank

PO Box 849 • Austin, TX 78767
866.928.9394 • 512.637.5739 • deposit.info@sdiraservices.com
www.SDIRAServices.com

Deposit Coupon

Instructions and Form

Use this form to remit with any contribution, rollover or investment-related deposit or payment made to your IRA account.

Guidelines

***Please note new addresses below for check delivery.**

The following form should be completed and remitted with any contribution, rollover or investment-related deposit made to your IRA account, whether by check or bank wire.

- ✔ Please use the appropriate investment direction form if you wish to provide investment instructions. Do not include any written investment instructions on the Deposit Coupon.
- ✔ Please include a separate Deposit Coupon for each check or wire.
- ✔ Additional Deposit Coupons can be obtained by visiting the Forms section of our website, www.SDIRAServices.com.

Check Instructions

- ✔ Make checks payable to: **Self Directed IRA Services, Inc. Custodian FBO (Accountholder Name) IRA # _____.**
- ✔ Please include your IRA account number on the memo line of the check.

ACH/Wire Instructions

- ✔ Please complete and submit the Deposit Coupon **prior to the funds being sent.** Funds received without prior notification may cause delays in processing.

Funds should be wired to your IRA account with Self Directed IRA Services, Inc. as follows:

	WIRE INSTRUCTIONS	ACH INSTRUCTIONS
Bank Name	Horizon Bank	Horizon Bank
Bank Address	600 Congress Ave Austin, TX 78701	600 Congress Ave. Austin, TX 78701
ABA	111907940	111907940
For Credit To:	Self Directed IRA Services Custodial Account	SDIRA-IRA Acct#-Accountholder's last name
Account #	4515532	4515532
Account Type		Checking/DDA
For Further Credit To:	Accountholder's Name, IRA #	

Send your completed Deposit Coupon to us.

Mail or Email



* Self Directed IRA Services, Inc.
PO Box 849
Austin, TX 78767
deposit.info@sdiraservices.com

Physical Delivery



* Self Directed IRA Services, Inc.
600 Congress Ave., Suite 500
Austin, TX 78701

Fax



Fax to 512.495.9554
Attn: Accounting



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Please complete all applicable information on the Deposit Coupon and submit along with the check. If funds are being wired, please fax this Deposit Coupon to the attention of "Accounting" prior to the wire transfer.

1 Account Information

Accountholder Name		Account Number
Daytime Phone	Email Address	
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	
Deposit Amount	Check Number	Wire Transfer Date

2 Specify Type of Deposit

• **Contribution or Rollover Deposit** Accountholder must sign and date Section 3 below.

Contribution For Tax Year* _____ (SEP contributions are reported in the year received.)

Rollover *Tax year is an irrevocable designation. If no tax year is chosen, then the default will be the current tax year.

• **Investment-Related Deposit** Must specify name of the investment below.

Investment or Property Name _____

Note or Debt Payment: Must complete the payment information below, including any interest and principal breakdown.

Interest \$	Principal \$	Other _____ \$ _____
New Ending Balance on the Note/Debt \$		Note Payoff: _____ Partial _____ Full

Sale or Return of Capital: Must complete the payment information below, including share reduction information.

<input type="checkbox"/> Return of Capital	<input type="checkbox"/> Sale of asset	<input type="checkbox"/> FULL – all current shares/units will be removed with this transaction <input type="checkbox"/> PARTIAL – # Shares or units removed _____ # shares/units remaining _____
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Dividend Rental Income Late Fees _____ Other _____
(specify amount)

3 Signature Accountholder must sign and date below if deposit is a Contribution or Rollover.

I hereby certify that all information provided is true and correct and may be relied on by SDIRA Services.

If making a Contribution, the undersigned understands the terms and conditions applicable to the IRA account are contained in the IRA plan agreement and agrees to be bound by those terms and conditions. The undersigned certifies that (i) the eligibility requirements have been met for making the type of IRA contribution indicated above, (ii) accountholder assumes complete responsibility for ensuring that all IRA contributions made are within the limits set by the tax laws, related regulations and plan agreement and for the tax consequences of any contributions (including any rollover and conversion contributions) and distributions, and (iii) the deposit described above is eligible to be contributed to the IRA.

If making a Rollover, the undersigned Accountholder understands the rules and conditions applicable to direct rollovers and certifies that (i) the requirements have been met for making a direct rollover of the funds shown above (ii) all funds are being deposited within the allowable 60 day period since distributed to me, (iii) this is the only rollover for or by me within the previous 12 month period, and (iv) none of the assets being deposited contain amounts from a Required Minimum Distribution. I acknowledge that I have been advised to see a tax professional due to the important tax consequences of rollovers. I assume full responsibility for this rollover transaction and will not hold Self Directed IRA Services, Inc. (SDIRA Services") liable for any adverse consequences that may result. I hereby irrevocably designate the rollover amount shown above as a rollover contribution.

Accountholder Signature _____ Date _____