

# Contribution Authorization



Sub Firm #	Doc Code	Account Number
205	WTRIG280	
(Office Use Only)		

This form is used to make a contribution into an IRA, Roth, SEP, SIMPLE, or Education Savings Account (ESA). It should be completed by the IRA owner or the Responsible Party (if an ESA). For more information regarding contributions, please see your tax advisor.

Name	Account Number	Last 5 digits of SSN
------	----------------	----------------------

## CONTRIBUTION

Contribution Type	<input type="checkbox"/> Traditional	<input type="checkbox"/> Roth	<input type="checkbox"/> ESA	<input type="checkbox"/> SAR SEP	<input type="checkbox"/> Rollover
	<input type="checkbox"/> SEP Employer	<input type="checkbox"/> SEP Traditional	<input type="checkbox"/> SIMPLE Employee	<input type="checkbox"/> SIMPLE Employer	

Contribution Method	<input type="checkbox"/> Check payable to Wells Fargo Advisors is attached. <input type="checkbox"/> Transfer money from Wells Fargo Advisors non-IRA account number: _____ <input type="checkbox"/> Move money electronically via ACH/Money Transfer into the above-referenced IRA: <b>Complete ACH/Money Transfer Information below.</b> <b>ACH/Money Transfer Information:</b> A voided check or deposit slip is required for a non-Wells Fargo Bank checking or savings account.				
	Name on Bank Account		Name of Bank		
	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		ABA/Routing Number	Account Number to Debit	

Contribution Frequency <i>Only one Contribution Frequency may be selected; separate forms are required to establish more than one frequency.</i>	<input type="checkbox"/> On-Demand – Available for ACH/Money Transfer method only. See page 2 for additional information. <input type="checkbox"/> One Time (Single use only)		<input type="checkbox"/> Establish New Periodic – effective ___/___/___ (1st – 28th only) <input type="checkbox"/> Change Periodic – effective ___/___/___ (1st – 28th only)	
	<b>Frequency of Periodic:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly (Last Business Day) <input type="checkbox"/> Semi-annually (every 6 months) <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-monthly (2 times/month) ___ and ___			

Contribution Amount	Contribution \$ _____ <i>Please leave contribution amount blank to set up instructions for future use.</i>	<b>Applicable Tax Year:</b> <input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year <i>*All Periodic Contributions will be current year only.</i>
	<b>Catch-Up Contribution:</b> <input type="checkbox"/> Amount includes additional contribution available to individuals age 50 or older.	

## CLIENT SIGNATURE AND ACKNOWLEDGEMENT

By making this contribution, I am eligible to make the above contribution(s) and acknowledge the following:

- Contributions into an ESA can no longer be made once the Designated Beneficiary (child) attains the age of 18, unless the child is a "special needs beneficiary" as defined by IRS regulations.
- The IRS determines the annual maximum contribution limit that I may contribute each year. I understand that if I should exceed that contribution maximum, I am responsible for any penalties and interest imposed by the IRS.
- All deposits will be considered current year contributions unless indicated otherwise by me. I understand that prior year contributions or rollovers cannot be set up as recurring periodic deposits. In order to make a prior year contribution, a one-time deposit may be made via check, Automated Clearing House (ACH)/Money Transfer, or Journal.
- All decisions regarding this deposit are my own and I have received no tax advice from anyone associated with the firm.
- I expressly assume responsibility for any tax implications and any adverse consequences which may arise as a result of this deposit and I agree that Wells Fargo Advisors shall in no way be held responsible.
- If I have elected to make my contribution via money transfer, by signing below, I am providing Wells Fargo Advisors with authorization to initiate a money transfer contribution to my account. Based on my verbal instructions, I am authorizing transactions to my account at the financial institution identified in the Bank Information section of this form, for credit to my Wells Fargo Advisors account.

**ROLLOVER CERTIFICATION:** If I elect to make a rollover contribution to the recipient retirement account indicated above, I hereby certify that I understand the rollover rules and conditions as they pertain to this retirement account and I have met the requirements for making such a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for rollover transactions and will not hold the Custodian liable for any adverse consequences that may result. I irrevocably designate the rollover of funds or other property as rollover contributions.

**72 ROLLOVER RESTRICTION:** If I am 72 or older in this year, I may not roll over required minimum distribution amounts. If necessary, instruct my present Custodian to either: (1) pay the required minimum distribution to you now, or (2) retain that amount for distribution later.

**DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS.**

Signature of Account Holder, POA attorney-in fact, or Responsible Individual <b>X</b>	Printed Name	Date
Signature of Other Account Owner (if applicable) <b>X</b>	Printed Name	Date

If the registrations for the bank account and the brokerage account are not the same, signatures of all account holders are required before a withdrawal from the bank account can be initiated to the brokerage account.  
Submit your completed form to:

**Wells Fargo Advisors, Attention: MAC N9160-01P, PO Box 77046, Minneapolis, MN 55480-9902, or Fax to 844-879-1439**  
**Should you require assistance with this form, please call 1-800-872-3377.**

If submitting a form with a check, mail the form and check to:  
 Wells Fargo Clearing Services, LLC, Attention: Cash Management, H0006-085, One North Jefferson Ave., St. Louis, MO 63103

**Investment and Insurance Products are:**

- Not Insured by the FDIC or Any Federal Government Agency
- Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate
- Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

SR #
------

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

Sub Firm #	Doc Code	Account Number
205	WTRIG280	
<i>(Office Use Only)</i>		

**To have money debited via ACH/Money Transfer from a non-Wells Fargo checking or savings account, a preprinted voided check or deposit slip is required. Starter checks will not be accepted. A letter from the client's financial institution with the client's name, the financial institution's routing number, and the client's account number is also acceptable.**

### Terms and Conditions

This agreement is governed by the general terms and conditions of the brokerage account specified by you in this form. You also acknowledge that you have all the necessary authority to provide and be bound by money movement instructions, as anticipated by this ACH/Money Transfer Authorization, with respect to the bank account listed.

Money transfers between WFA brokerage accounts and non-Wells Fargo Bank accounts will be performed via the Automated Clearing House program ("ACH") and in accordance with the rules of the National Automated Clearing House Association ("NACHA") as such are amended from time to time. The ACH/Money Transfer service includes the transmission of electronic credit and/or debit entries initiated by you and processed through us from your account. This service is established solely for the convenience of the account owner and the person signing this document understands that this service may be terminated or modified at any time without notice by Wells Fargo Clearing Services, LLC (referred to hereafter as "WFA" or "Wells Fargo Advisors") or its agents.

The account owner releases Wells Fargo Advisors and its affiliates, agents, and representatives from all liability and agree to indemnify the same from any and all losses, damages, or costs for acting in good faith in accordance with the privilege selected herein. In no event shall Wells Fargo Advisors or its affiliates, agents, or representatives be liable for consequential damages. All terms shall be binding upon the heirs, representatives, and assigns of the account owners.

The account owner releases Wells Fargo Advisors and its affiliates, agents, or representatives in the event Wells Fargo Advisors makes an error which underpays/overpays their account. The account owner authorizes Wells Fargo Advisors to debit or credit their account as necessary to correct any errors.

A fee will be charged for all check deposits returned by the financial institution. The authorization will continue until terminated by any account owner through verbal or written notification to Wells Fargo Advisors. Termination will be effective as soon as Wells Fargo Advisors, upon receipt, has had reasonable time to act upon it.

### Additional Information

- A. Money will not be automatically deposited to money market accounts.
- B. A new form must be completed when changing any bank account information.
- C. If a money transfer frequency is a holiday or weekend, money will remit on the next business day.
- D. Verbal client authorization is permissible to update dollar amount, frequency, start date, end date, or to cancel money transfers between the brokerage account and the bank account identified herein.

### ACH/Money Transfer Authorization Contributions On-Demand

Contributions On-Demand are monies deposited to your account via money transfer as either a current year or prior year contribution which is authorized by you upon verbally contacting an Associate. To establish On-Demand contributions, select "On-Demand" in the "Contribution Frequency" section. Once On-Demand contributions have been established (by completing and signing this form), a new contribution form needs to be completed and signed by all bank account holders when changes are made to the bank information. A separate form is needed for each of your IRAs.

### Rollover Eligibility

**You are permitted to make only one 60-day IRA-to-IRA rollover per 365-day period. An IRA rollover is defined as IRA funds withdrawn from an IRA and then paid back into an IRA no later than 60 days after receipt of the distribution. This one 60-day IRA-to-IRA rollover per year limitation applies on an aggregate basis for all IRAs of any type owned by any one individual. The one-year period begins on the date you receive the distribution. There continues to be no limit on the number of IRA transfers that can be completed. An IRA transfer occurs when funds are transferred from an IRA at one institution directly to an IRA at a different institution, and the distribution check is payable to the new IRA custodian (not the IRA owner), or the funds are transmitted directly to the new IRA custodian. The once-every-365-day rule does not apply to a rollover from a qualified employer-sponsored plan to an IRA or to a Roth IRA conversion.**

*When you sign this form, you will be making an irrevocable election; therefore, it is extremely important that you read all applicable sections to ensure that funds are eligible for rollover.*

For more information about the IRA or ESA Custodian and the terms and conditions of the account, please carefully review the WFCS IRA (or ESA) Disclosure Statement and Custodial Agreement.