KINGDOM TRUST
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# Deposit Instructions

**INSTRUCTIONS:** Please complete this form where applicable. **This form must accompany any check deposit and must precede any wire deposit. Failure to follow these instructions may lead to the deposit being rejected/returned.** In addition, please be sure to read this entire form prior to completion to avoid any processing delays. By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Account Adoption Agreement.

## SECTION 1 - Account Holder Information

Name: ____________ Account Number: ____________

Amount of Deposit: **$** ____________ ☐ Via check ☐ Via wire

**NOTE:** To request wire delivery information, chat with us at KingdomTrust.com during normal business hours. After-hours requests should be emailed to Info@KingdomTrust.com.

## SECTION 2 - Reason for Deposit

☐ Contribution for Tax Year ______ (please choose an account type below)

**Contribution Account Type:** ☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA*

☐ SIMPLE IRA* If SIMPLE, please list employer and employee amounts: **$** ____________
*Employer Amount*
**$** ____________
*Employee Amount*

☐ Rollover**

☐ Dividend for asset*** ____________

☐ Proceeds of full or partial sale of asset*** ____________

**Sale Type:** ☐ Full ☐ Partial If partial, and this reduces units/shares, please list how many: ______

☐ Promissory note payment (complete Section 3 below)*** ____________

☐ Other ____________

** SEP and SIMPLE contributions will be reported for the year in which they are received.*
*** For a 60-day rollover, the rollover must be within 60 days of the date of distribution from the prior plan. Also note the IRS allows only one 60-day rollover per year.*
**** You must list the applicable asset in the field provided.*

## SECTION 3 - Promissory Note Information

Interest Amount: **$** ____________ Principal Amount: **$** ____________

Current Ending Balance of Note: **$** ____________ Equity Participation: **$** ____________

## SECTION 4 - Signature

Account Holder Signature: **X** ____________ Date: ____________

Account Holder Printed Name: ____________

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