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# ACH Contribution Election

**INSTRUCTIONS:** Please complete this form in its entirety. 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:   
 Social Security Number:

## SECTION 2 - ACH Instructions

- New Instructions       Change Existing Instructions       See Attached ACH Instructions

Bank Name:   
 Account Number:  Routing Number (ABA):   
 Bank Account Holder Name:  Bank Account Type:  Checking  Savings

**PLEASE ATTACH A COPY OF A VOIDED CHECK FROM THE ABOVE ACCOUNT**

Account Type:  Traditional IRA  Roth IRA  SEP IRA  Custodial      Amount of Contribution: \$

Please select from one of the options below. Unless another date is requested, Kingdom Trust will process recurring monthly deposits on the 20th day of each month.

- I instruct Kingdom Trust to process the deposit on the default deposit date.  
 I hereby request the date of recurring monthly deposits to be changed to .  
 I instruct Kingdom Trust to process a one-time deposit for Tax Year .

## SECTION 3 - General Provisions & Signature

- By signing below, I authorize the automatic recurring monthly withdrawal or one-time withdrawal of the amount listed above from the bank account designated above and hereby direct that it be contributed to my account listed above. This election will remain in force until I give Kingdom Trust a request in writing for it to be stopped. I agree that initiation of, discontinuation of and any changes to this request could take up to 10 business days to reflect and process. In the event that any of the above information changes, I agree to notify Kingdom Trust in writing immediately. If I neglect to inform and confirm such changes to the above information, I agree to hold harmless and defend Kingdom Trust, Custodian, and its respective officers, directors, managers, members, employees, representatives, agents, owners, successors and assigns from any and all loss, damage, injury and expense of any nature, including attorneys' fees, that may be incurred.
- I understand that should the bank listed above have insufficient funds in my above referenced account on the date of the withdrawal, Kingdom Trust will charge me a \$50.00 insufficient funds fee. In addition, I understand that if the bank account has insufficient funds, Kingdom Trust has the right to cancel these instructions without any written or verbal notification. In the event that the funds are recalled and they have already been invested, I agree that the funds may be redeemed from said investment. If they are invested in an illiquid investment, I agree to make the account whole within 24 hours of receiving notification from Kingdom Trust.

Account Holder Signature: **X**  Date:   
 Account Holder Printed Name:

*Kingdom Trust does not provide tax, legal or investment advice. It does not endorse or recommend any agent, company, or specific investment. Any information communicated by Kingdom Trust is solely for educational purposes and should not be construed as tax, legal or investment advice. Consultations with tax, legal and investment professionals is advised prior to making any decisions regarding your account.*

