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 ☐ Via ACH

NOTE: To request wire or ACH 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

☐ IRA 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

☐ 60-Day (Indirect) Rollover**

☐ Direct 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.*
*** The rollover must be within 60 days of the date of distribution from the prior plan. Also note the IRS allows only one IRA-to-IRA 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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