

Looking for an easier, faster way to submit paperwork? Try the **SERVICENOW** option at www.StrataTrust.com/Forms

♦ E-sign and transmit directly to STRATA ♦ Safely upload supporting documentation ♦ Securely transfer data with SFTP file protocol

Use this form to remit any contribution, rollover, or investment-related deposit or other payments made to your STRATA Trust Company "STRATA" IRA *prior* to sending funds.

A separate Deposit Certification form is required for each check or wire. For more information on IRA deposit rules, annual contribution limits, or anticipated timelines visit [Fund Self-Directed IRAs](#) in our SDIRA Knowledge Center.

Section 1 Account Information

Accountholder Name		Account Number
Daytime Phone	Email Address	Social Security Number (Last 4 Digits Only)
Account Type (Select One) <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE		Deposit Amount \$ _____

Section 2 Type of Deposit

☐ (1) Contribution Deposit

☐ Annual Contribution (Tax year is an irrevocable designation, if no tax year is chosen, the default will be the current tax year.)

Is the deposit coming from an education savings or prepaid tuition 529 plan? ☐ Yes ☐ No

☐ Apply Full Amount Tax year: _____

☐ Split Deposit Tax year (1): _____ Amount \$ _____ Tax Year (2) _____ Amount \$ _____

☐ Annual SEP Contribution (Reported in the year received; must have a 5305-SEP form on file.)

☐ Rollover Deposit (Rollovers must be deposited into like accounts)

☐ Rollover from an employer's qualified retirement plan ☐ Check here if an in-kind rollover

Select One: ☐ Traditional Rollover ☐ Roth Rollover

☐ Rollover from another IRA account (One per 12 months) ☐ Check here if an in-kind rollover

Select One: ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE

☐ (2) Investment-Related Deposit Investment or property name: _____

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

Principal \$ _____ Interest \$ _____ Other: _____ Amount \$ _____

Ending Balance on Note/Debt \$ _____ Note Payoff: _____ Partial _____ Full

Late Fees \$ _____

☐ Sale or Return of Capital: Complete the payment information below, including share reduction information.

☐ Return of Capital _____ Full: All current shares/units will be removed with this transaction.

☐ Sale of Asset _____ Partial: # Shares or units removed = _____ # shares/units remaining = _____

☐ Rental Income

☐ Dividend

☐ (3) Other (Specify) _____

Client Services 866.928.9394 | Deposit.Info@StrataTrust.com | Online: www.StrataTrust.com/Service-Request

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Section 3 Payment Information

☐ (1) Deposit by Check Check Number _____

Check Delivery Instructions		Submission Details
US Mail	Overnight Delivery	Make checks payable to: STRATA Trust Company, Custodian FBO (Accountholder Name) IRA (Account #)
P.O. Box 849 Austin, TX 78767	901 S. Mopac Expressway Barton Oaks Plaza II, Suite 100 Austin, TX 78746	


☐ (2) Deposit by ACH/Wire ACH/Wire Date ____/____/____

Payee Info	ACH Instructions	Wire Instructions	Submission Details
Bank Name	Horizon Bank	Horizon Bank	<ul style="list-style-type: none"> This Deposit Certification form must be submitted <u>prior to funds being sent</u>. Funds received without prior notification may cause delays in processing.
Bank Address	600 W. 5th Street Austin, TX 78701	600 W. 5th Street Austin, TX 78701	
ABA	111907940	111907940	
For Credit To:	IRA Account # and Accountholder's Last Name	STRATA Trust Company, Custodial Account	
Account #	4515532	4515532	
Account Type:	Checking/DDA		
For Further Credit To:		Accountholder's Name, IRA #	

Section 4 Terms and Conditions

I hereby certify that all information provided is true and correct and may be relied on by STRATA. 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 being 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. If conducting a rollover, 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 STRATA liable for any adverse consequences that may result. I hereby irrevocably designate the rollover amount shown above as a rollover contribution. If any of this information is incorrect and leads to corrected IRS tax forms, form correction fees will apply. Please see STRATA's [IRA Fee Schedule](#).


 Accountholder or Account Designated Representative Signature

 Date

 Print Name

 Title

Form Submission Options Select One

- Fax: 512.495.9554
- Email: Deposit.Info@StrataTrust.com
- US Mail: PO Box 849, Austin, TX 78767
- Overnight: 901 S. Mopac Expy, Barton Oaks Plaza II, Ste 100 Austin, TX 78746

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