



Deposit Certification

Instructions and Form

877.836.3949
203.388.2714
www.vfmarkets.com

Send to: (Please submit using one method)
Email: clientservices@vfmarkets.com

US Mail: 120 Long Ridge Rd., 3 North
Stamford, CT 06902

Use this form to remit with any contribution, rollover or investment-related deposit or payment made to your IRA account.

Guidelines

The following form should be completed and remitted with any contribution, rollover or investment-related deposit made to your IRA account, whether by check or bank wire.

- Please use the appropriate investment direction form if you wish to provide investment instructions. Do not include any written investment instructions on the Deposit Certification.
- Please include a separate Deposit Certification for each check or wire.
- Forms are available on our website, www.StrataTrust.com.
- Send to us as indicated above.

Check Instructions

- Make checks payable to: STRATA Trust Company, Custodian FBO (Accountholder Name) IRA (Account #).
- Please include your account number on the memo line of the check.

ACH/Wire Instructions

- Please complete and submit the Deposit Certification prior to the funds being sent. Funds received without prior notification may cause delays in processing.
- Funds should be sent to a STRATA IRA as shown below.

| | WIRE INSTRUCTIONS | ACH INSTRUCTIONS |
|------------------------|---|---|
| Bank Name | Horizon Bank | Horizon Bank |
| Bank Address | 600 Congress Ave Austin, TX 78701 | 600 Congress Ave. Austin, TX 78701 |
| ABA | 111907940 | 111907940 |
| For Credit To: | STRATA Trust Company, Custodial Account | STRATA IRA Acct # and Accountholder's last name |
| Account # | 4515532 | 4515532 |
| Account Type | | Checking/DDA |
| For Further Credit To: | Accountholder's Name, IRA # | |

Please complete all applicable information on the Deposit Certification and submit along with the check. If funds are being sent via ACH or wire, please email or fax this Deposit Certification to our Accounting group prior to sending the funds.

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Section 1 Account Information

| | | |
|--------------------|---|--------------------|
| Accountholder Name | | Account Number |
| Daytime Phone | Email Address | |
| Account Type | <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE | |
| Deposit Amount | Check Number | Wire Transfer Date |

Section 2 Type of Deposit

- Contribution Deposit** (Accountholder must sign in Section 3 below)
 - Annual Contribution for Tax Year* _____ *Tax year is an irrevocable designation. If no tax year is chosen, the default will be the current tax year.
 - Annual SEP Contribution (Reported in year received)
 - Rollover from an employer's qualified retirement plan
 - Rollover from another IRA account: ___ Traditional ___ Roth ___ SEP ___ SIMPLE

- Investment-Related Deposit** Must specify name of the investment below.

| |
|-----------------------------|
| Investment or Property Name |
|-----------------------------|

- Note or Debt Payment:** Must complete the payment information below, including any interest and principal breakdown.

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

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

- Sale or Return of Capital:** Must 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 = _____

- Dividend**
 Rental Income
 Late Fees \$ _____
 Other _____

Section 3 Signature—Accountholder must sign below if deposit is a Contribution.

I hereby certify that all information provided is true and correct and may be relied on by STRATA Trust Company ("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 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. 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.

 _____ Date

Accountholder Signature