

To complete this application, you will need your:

- Inspira Account Number
- Deposit Type/Amount
- Rollover Type/Amount (if applicable)
- Account Number from Previous Custodian (if applicable)

Please print after completion. For assistance with this form, please contact a Client Service Specialist during regular business hours, Monday - Friday.

A Account Owner's Information

Enter Account Owner's full name or name of entity if applicable. →

Name:

Inspira Account No.:

Daytime Telephone No.:

Last Four (4) Digits of Social Security No.:

Date of Birth:

E-mail Address:

B Non-Retirement Account Deposit

Please indicate deposit amount. →

Custody Account Deposit \$

C Retirement Account Contribution

This contribution is effective for tax year:

If year is not indicated, the contribution will be made for the current year.

Please indicate deposit type and amount. →

Traditional IRA \$

Solo 401(k):

Roth IRA \$

Employer \$

SEP IRA:

Deferral

\$ Employer

\$

Roth 401(k)

\$

SIMPLE IRA:

Profit-Sharing

\$ Employer \$

Defined Benefit Plan

Employee \$

Employer \$

Employee \$

Money Purchase Plan

Employer \$

Employee \$

Please continue to page two to complete this form.



D Rollover Type/Amount (For Retirement Accounts Only)

- Please indicate rollover type and amount: → Direct Rollover: **Cash \$**
This is an Irrevocable Qualifying Direct Rollover from my employer's plan (401(k), 403(b), profit-sharing plan, etc.)
- 60-Day Rollover: **Cash \$**
Note: If rolling over "In-Kind" assets (non-cash assets NOT being sold), please use the [60-Day Asset Rollover Request](#) form.
- If completing a 60-day rollover, select the type that applies. → 60-Day Rollover within the allowable 60-day time period
- IRS waiver of the 60-Day Rollover Requirement. **Note:** You must determine if you qualify for the IRS waiver. If you do, please submit the [Self-Certification for a Waiver of the 60-day Rollover Requirement](#) form identifying the reason for the late contribution.

As to the Rollover indicated in this Section D, the undersigned Account Owner certifies (i) this is an irrevocable Qualifying Rollover and the Account Owner is bound by this election, (ii) all funds and assets are being deposited within the allowable 60-day period since distributed to the Account Owner or the Account Owner qualifies for the IRS waiver of the 60-day requirement, (iii) this is an "eligible rollover contribution" according to the IRS requirements, and (iv) none of the funds being deposited contain amounts from a Required Minimum

E Deposit Options

- Please select one of the following deposit options: → **I wish to make a deposit by check.**
Please make checks payable to: Inspira Financial Trust, LLC
F/B/O: *(Insert Account Owner's name)* 2001 Spring Road, Suite 700
Oak Brook, IL 60523
- NOTE:** Please include your Inspira Account number on the memo line of your check.
- I wish to make a deposit via ACH/Wire transfer.**
For funds being transferred by Wire, please fax this deposit form to the Attn of: "Cash Processing" at (630) 382.5234 or email to Cashprocessing@mtrustcompany.com.

Check deposits may be subject to a clearing period of 5 business days.

Domestic Wires:

Fifth Third Bank
5050 Kingsley Drive, Cincinnati, OH 45263
ABA #042000314
Credit account: #FNDG76019
Account name: Inspira Financial Trust, LLC
For Further Credit: [Client Name]
Inspira account #: [Client's Inspira Acct. No.]

ACH:

Fifth Third Bank
5050 Kingsley Drive, Cincinnati, OH 45263
ABA #071923909 - Credit account: #69176019
Account name: Inspira Financial Trust, LLC
Individual or Recipient ID No.: #FNDG76019
Addenda/Reference Information required below:
For Further Credit: [Client Name]
Inspira account #: [Client's Inspira Acct. No.]
Required Format: CCD+ or CCD
Account Type: Checking

F Account Owner's Acknowledgement

The contribution limit information for IRAs is based on federal law as stated in the Internal Revenue Code, and is believed to be accurate; and eligibility to contribute is dependent on the tax filing status and personal situation. I certify that I have consulted with a tax advisor as I saw fit concerning my specific contribution eligibility under any applicable state or federal laws.

I authorize Inspira Financial Trust, LLC ("Inspira") to deposit the funds into my Inspira Account ("Account") according to the instructions on this Deposit Form. I understand that the deposit of funds into the Account may have important and possibly irrevocable tax consequences. I acknowledge that Inspira does not provide investment or tax advice and that I assume full responsibility for this transaction. I release and agree to indemnify and hold harmless Inspira from liability for any adverse consequences that may result from this transaction.

I certify that the information and instructions provided, and the elections made by and through this Deposit Form, are true and correct.

Please sign and date as Account Owner:

→ Account Owner's Signature: _____ Date: _____