

CONTRIBUTION FORM

PARTICIPANT INFORMATION

Name _____ Social Security Number _____
Address _____
City _____ State _____ ZIP _____

CONTRIBUTION TYPE

A contribution is being made to the following plan type:

- Traditional IRA
- Rollover IRA (Traditional)
- Roth IRA
- Coverdell ESA
- SEP IRA (*employee individual contribution*)
- SEP IRA (*employer contribution on behalf of an employee*)

CONTRIBUTION AMOUNT

Current Year: \$ _____
Prior Year: \$ _____
Rollover Contribution: \$ _____

Note: SEP contributions are always reported in the year the contribution is received. See IRS Publication 560 for more details.

Eligibility rules apply that may limit an individual's ability to make a contribution. Participant should seek advice from a tax advisor regarding his/her own eligibility to make and/or accept the above-referenced contribution.

PARTICIPANT ACKNOWLEDGEMENT

I hereby make the contribution described above. If this is a rollover contribution, I certify that the contribution qualifies as a valid rollover including the requirement that the deposit is being made within 60 days of my receipt of the rollover eligible distribution. I hereby irrevocably authorize the deposit of this rollover contribution and understand that I am fully responsible for any tax consequences for this transaction.

SIGNATURE

Participant Signature **X** _____ Date _____
Date Contribution Received _____

BANK USE ONLY

Financial Institution Representative Signature **X** _____ Date _____
Printed Financial Institution Representative Name _____

This form is intended for Financial Institution recordkeeping only.

DO NOT RETURN THIS FORM TO LT TRUST COMPANY.