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## INDIVIDUAL RETIREMENT ACCOUNT (IRA) DEPOSIT SLIP

mstitutional	Account #				
		Advisor Code			
		Case #			
ACCOUNT OWNER INFORMATION					
First Name:	Middle Initial:	Last Name:			
Social Security Number:	Primary Telepho	ne Number:	Other Telephone Number:		
CONTRIBUTIONS					
<ul> <li>• Make all checks payable to TD Ameritrade Clearing, Inc. and submit with this form to TD Ameritrade Institutional, PO Box 650567, Dallas, TX 75265-0567. For overnight delivery, send to TD Ameritrade Institutional, 7801 Mesquite Bend Drive, Suite 112, Irving, TX 75063-6043.</li> <li>• Please include your account number and the tax year of the contribution on the memo section of your check.</li> <li>• Because contributions must be made in cash, all stock deposits must be 60-day rollovers, direct rollovers, transfers, or Roth conversions.</li> <li>• Please note: If no tax year indication is made, your contribution will be reported as a current-year contribution.</li> </ul>					
Cash Amount:	Tax Year:	Year:			
Type of Contribution					
☐ Traditional Contribution ☐ Roth Contribution  Please note that SEP and SIMPLE contributions are deposited as currer		oyer Contribution			
☐ Traditional Contribution ☐ Roth Contribution		oloyer is responsible f			
☐ Traditional Contribution Please note that SEP and SIMPLE contributions are deposited as currer  ROLLOVERS/TRANSFERS	Number of Share	oloyer is responsible to the ses:  I(k), 403(b), profit-ses	for tracking which tax year intended.  Sharing plan, money purchase plan,		
Traditional Contribution Please note that SEP and SIMPLE contributions are deposited as currer  ROLLOVERS/TRANSFERS Cash Amount:  Symbol/Asset:  Direct Rollover* — Irrevocable Qualifying Direct Rollover fr	Number of Share rom my employer's 401 vived into a Traditional, ed less than 60 days a rain any amounts from that Account Owner	oloyer is responsible for the ses:  I(k), 403(b), profit-ses Rollover, SEP, or Forman Account Owner a Required Minimulis allowed only on	for tracking which tax year intended.  Sharing plan, money purchase plan, Roth IRA.  er attests to the following: that the funds um Distribution; that these funds are e rollover per 12-month period. Account		
Traditional Contribution Please note that SEP and SIMPLE contributions are deposited as currer  ROLLOVERS/TRANSFERS Cash Amount:  Symbol/Asset:  Direct Rollover* — Irrevocable Qualifying Direct Rollover fretc., or Roth portion of my employer's retirement plan, receile 60-Day Rollover— Irrevocable Qualifying Rollover processed deposited as an Irrevocable Qualifying Rollover do not contabeing deposited within the allowable 60-day time period; and	Number of Share rom my employer's 401 sived into a Traditional, ed less than 60 days a ain any amounts from that Account Owner sposit as an Irrevocable	oloyer is responsible fees:  I(k), 403(b), profit-sees:  Rollover, SEP, or Figo. Account Owner a Required Minimulis allowed only on the Qualifying Rolloy	sharing plan, money purchase plan, Roth IRA. er attests to the following: that the funds um Distribution; that these funds are e rollover per 12-month period. Account er.		
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## AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

My eligibility to contribute is dependent on my tax filing status and personal situation. I understand it is in my best interest to consult a competent tax advisor concerning my specific contribution eligibility and any applicable state laws, which may differ from federal law.

I instruct TD Ameritrade Clearing, Inc. to deposit the funds or securities into my IRA (the "Account") according to the instructions on this IRA Deposit Slip. I understand that the deposit of funds or securities into the Account may have important and possibly irrevocable tax consequences. I acknowledge that TD Ameritrade, as a discount brokerage firm, does not provide investment or tax advice; that the Account is self-directed; and that I assume full responsibility for this transaction. I release and agree to indemnify and hold harmless TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc., their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns from liability for any adverse consequences that may result from this transaction.

By my signature below, I certify that the information and instructions provided, and the elections made by and through this IRA Deposit Slip, are true and correct. TD Ameritrade Clearing, Inc. may justifiably rely upon the instructions and elections made herein and is authorized to deposit the funds or securities in the manner provided by this IRA Deposit Slip.

Account Owner's Printed Name:		
Account Owner's Signature:	Γ	ate.

Mailing Address: TD Ameritrade Institutional PO BOX 650567 Dallas, TX 75265-0567

Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value

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