

Deposit Submission Form

Use this form for IRA or retirement plan contributions or asset payments.

VIP Services: (888) 855-9856 | info@trustprovident.com
 8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1

Account Owner Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Account Number	
<input type="text"/>	<input type="text"/>	

Section 2

Deposit Type and Information

Complete Option 1 OR Option 2 below.

Option 1: Asset Payment If you are rolling over assets, complete a *Rollover Certification form*.
 (Complete the asset name and indicate the type of deposit being made)

Asset Name <input type="text"/>	<input type="checkbox"/> This payment pays off the asset.
<input type="checkbox"/> Rental or Property Income \$ <input type="text"/>	<input type="checkbox"/> Return of Principal \$ <input type="text"/>
<input type="checkbox"/> Sale or Maturity Proceeds \$ <input type="text"/>	<input type="checkbox"/> Interest or Earnings \$ <input type="text"/>
<input type="checkbox"/> Loan Payment – Total Payment \$ <input type="text"/>	<input type="checkbox"/> Other \$ <input type="text"/>
Name of Borrower <input type="text"/>	Description <input type="text"/>
Interest \$ <input type="text"/>	Principal \$ <input type="text"/>

Option 2: Contribution

Indicate the contribution amount, the year it is for, and how it will be made.

Contribution Amount \$

Contribution for Tax Year



If no tax year is indicated, the contribution will be made for the current year

Deposit made via (Select one)

☐ Wire ☐ Check Number

Type of Contribution:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Individual 401(k) Plan
	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Elective Deferral	<input type="checkbox"/> Elective Deferral
	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Employer Contribution	<input type="checkbox"/> Employer Contribution
			<input type="checkbox"/> Designated Roth 401(k) Elective Deferral

Section 3

Account Owner Authorization

If a contribution is being submitted by someone other than the account owner, the account owner must sign below to acknowledge the deposit.

By submitting this form I, as the account owner, acknowledge that I am responsible for the selection, due diligence, management, review, and retention of all investments in the account.

X		
Account Owner Signature	Account Owner Name (Please type or print)	Date

Deposit Information

Before Starting

- If you are attempting to roll over funds, please complete a Rollover Certification Form.
- If you are attempting to make any other deposit, please complete a Deposit Submission Form.
- For faster processing when remitting a check, please include account number on the memo line.
- Please send checks to the corresponding addresses below.

Wire and Check Information



Step 1
Fill out Proper Form



Step 2
Mail or Wire Funds



Step 3
Await Confirmation

Wire Information

Wells Fargo Bank, N.A.
420 Montgomery St.
San Francisco, CA 94104

ABA Number 121000248
Account Number 4077370088

Please reference "Provident Trust Group" in the Bank Account Name and the Account Owner's Name and Account Number in the OBI section.

Remit only checks to the addresses below. Sending additional documents to the addresses below will delay processing.

Check Information

IMPORTANT | MAKE CHECKS PAYABLE TO:

"Provident Trust Group, LLC FBO: [your name and account type]"

Example: Provident Trust Group, LLC FBO: John Doe Roth IRA

Please notate the following in the "Memo" section:

- Account Number (if available)
- CUSIP or Asset Description
- Tax Year (if applicable)
- Income or Return
- Deposit Description

Checks for Fees:

Provident Trust Group, LLC
P.O. Box 847470
Los Angeles, CA 90084-7470

Check via Regular Mail:

Provident Trust Group, LLC
P.O. Box 847470
Los Angeles, CA 90084-7470

Check via Overnight Mail:

Lockbox Services 847470
ATTN: Provident Trust Group, LLC
3440 Flair Drive
El Monte, CA 91731

Important! By submitting this form, the account owner acknowledges the following: This account is self-directed and the account owner, alone, is responsible for the selection, due diligence, management, review, and retention of all investments in this account. The account owner agrees that the Custodian and Administrator are not a "fiduciary" for the account, as the term is defined in the Internal Revenue Code, ERISA, or any other applicable federal, state or local laws. The account owner directs the Custodian and Administrator, in their passive capacities, to enact this transaction for this account. The account owner acknowledges and confirms that he/she has received, read, and understands each of the disclosures for his/her account(s) and direction(s) of investment, and consents and agrees to the terms and condition contained therein.

Need to Contact Us?

Corporate Address
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Website
www.trustprovident.com

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