

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

Email Last Four Digits of Social Security Number Account Number

Account Type: Traditional IRA Roth IRA SIMPLE IRA SEP IRA
 Inherited Traditional IRA Inherited Roth IRA Qualified Plan Other

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 Contribution – Assets form*.
(Complete the asset name and indicate the type of deposit being made)

Asset Name 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 Description


Interest \$ Principal \$

Option 2: Contribution Information

Indicate the contribution amount, type, and how it will be made.

Contribution Amount \$

Contribution Type (Select One)

Regular – Contribution for Tax Year  If no tax year is indicated, the contribution will be made for the current year

Rollover – By selecting this transaction, I irrevocably designate this contribution as a rollover.

529 Plan (qualified tuition plan) to Roth IRA – Counts as a regular Roth IRA contribution. Contribution for Tax 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 or if this is a rollover contribution, the account owner must sign below to acknowledge the deposit.

By submitting this form, I, as the account owner, acknowledge the following: This account is self-directed and I alone am responsible for the selection, due diligence, management, review, and retention of all investments in this account. I agree 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. I direct the Custodian and Administrator, in their passive capacities, to enact this transaction for this account. I acknowledge and confirm that I have received, read, and understand each of the disclosures for the account(s) and direction(s) of investment, and I consent and agree to the terms and condition contained therein.

Account Owner Signature Account Owner Name (Please type or print) Date (mm/dd/yyyy)

2101 (8/2024) ©2024 Ascensus, LLC

Deposit Information

Before Starting

- 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. All other documents can be submitted by mail, fax, or email using the contact information in the box at the bottom of the page.

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 note the following in the "Memo" section:

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

Checks for Fees:

Provident Trust Group, LLC
P.O. Box 847479
Los Angeles, CA 90084-7479

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

Email
deposits@trustprovident.com

VIP Services
(888) 855-9856

Fax
(702) 253-7565