

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

Accepting 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.

Rental or Property Income \$   Return of Principal \$   
 Sale or Maturity Proceeds \$   Interest or Earnings \$   
 Loan Payment – Total Payment \$   Other \$

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

Deposit made via (Select one)  
 Wire  Check Number

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

Type of Contribution:  Traditional IRA  SIMPLE IRA  Individual 401(k) Plan  
 Roth IRA  Elective Deferral  Elective Deferral  
 SEP IRA  Employer Contribution  Employer Contribution  
 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 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 (mm/dd/yyyy)

# 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)
- Tax Year (if applicable)
- Deposit Description
- CUSIP or Asset Description
- Income or Return

#### 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](http://www.trustprovident.com)

**Email**  
[deposits@trustprovident.com](mailto:deposits@trustprovident.com)

**VIP Services**  
(888) 855-9856

**Fax**  
(702) 253-7565