

(888) 205 - 6036 (505) 288-3905 operations@horizontrust.com

6301 Indian School Rd NE, Suite 200, Albuquerque, NM 87110

If a payment is being submitted by someone **other than** the account owner, the account owner **must** sign below to acknowledge the deposit. If you are rolling over assets, please complete a Rollover Certification Form for your account type.

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 2. DEPOSIT INFORMATION

<input type="checkbox"/> Option 1: Contribution (Complete the following information) Contribution Amount: <input type="text"/> <hr/> Contribution Tax Year: <input type="text"/> <hr/> Contribution Made Via: <input type="checkbox"/> Wire Expected Transfer Date: <input type="text"/> <input type="checkbox"/> Check Check Number: <input type="text"/> <hr/> Contribution Type: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <hr/> For SIMPLE IRAs: <input type="checkbox"/> Elective Deferral <input type="checkbox"/> Employer Contribution <hr/> For Individual 401(k) Plans: <input type="checkbox"/> Elective Deferral <input type="checkbox"/> Employer Contribution <input type="checkbox"/> Designated Roth 401(k) Elective Deferral	<input type="checkbox"/> Option 2: Asset Payment (Complete the following information) Asset Name: <input type="text"/> <input type="checkbox"/> This payment pays off the asset. <hr/> Total Payment Amount: <input type="text"/> Allocated Interest Amount: <input type="text"/> Allocated Principal Amount: <input type="text"/> <hr/> Payment Type: <input type="checkbox"/> Rental / Property Income <input type="checkbox"/> Return of Principal <input type="checkbox"/> Sale / Maturity Proceeds <input type="checkbox"/> Interest / Earnings <input type="checkbox"/> Loan Payment: (Provide Borrower Name below) <input type="text"/> <input type="checkbox"/> Other: (Explain below) <input type="text"/>
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PART 3. ACCOUNT OWNER AUTHORIZATION

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.

Signature of Account Owner:	IRA Owner Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>