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 📍 Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

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

Option 1: Contribution (Complete the following information)

Contribution Type: One-Time Recurring

Contribution Amount:

Contribution Tax Year:

Contribution Made Via:

Wire Expected Transfer Date:

Check Check Number:

Contribution Type:

Traditional Roth SEP CESA HSA

For SIMPLE IRAs:

Elective Deferral Employer Contribution*

For Individual 401(k) Plans:

Elective Deferral Employer Contribution*

Designated Roth 401(k) Elective Deferral

Sponsoring Company of Employer Contribution:

**For employer contributions please list the sponsoring company of your 401(k) plan.*

Option 2: Asset Payment (Complete the following information)

Asset Name:

This payment pays off the asset.

Total Payment Amount:

Allocated Interest Amount:

Allocated Principal Amount:

Payment Type:

Rental / Property Income Return of Principal

Sale / Maturity Proceeds Interest / Earnings

Loan Payment: (Provide Borrower Name below)

Other: (Explain below)

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"/>