

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com  
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  CESA  HSA

**For SEP/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 account.*

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