



PO Box A3535
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www.IRAclub.org

Deposit Form

This form provides the information to deposit funds to your IRA Club account.

Account Owner Information

Account Number: _____

First and Last Name: _____

Social Security Number: _____ Phone Number: _____

Type of Deposit and Amount

Annual Contribution for Tax Year _____

\$ _____ Via Check Via Credit Card* Via Wire Transfer/ACH

Rollover from another IRA / 401(k) / Qualified Retirement Account

\$ _____

Income or Liquidation from an Investment

Asset Name: _____

Payment Type:

Rent \$ _____

Proceeds from Sale \$ _____

Loan Interest \$ _____

Loan Payoff \$ _____

Return of Capital \$ _____

Signature: _____ Date: _____

By signing this Deposit Form, I hereby acknowledge that the above information is correct and authorize the deposit. I understand that I am allowed one rollover from any other IRA in the past 12 month period and that I am fully responsible for the tax consequences of this transaction.

*Please note that contributions charged on a credit or debit card will be assessed a 3% processing fee.

Email	Fax
deposits@IRAclub.org	888-600-6997