

# Contribution Authorization

FirstClearing, LLC

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

This form is used to make a contribution into an IRA, Roth, SEP, SIMPLE, or Education Savings Account (ESA). It should be completed by the IRA owner, Employer (if a SEP or SIMPLE), or the Responsible Party (if an ESA). For more information regarding IRA Contributions, please see your tax advisor. **Use the Rollover Contribution form (588124) for depositing a rollover contribution.**

Name	Account Number	Last 5 digits of SSN
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## CONTRIBUTION

Contribution Type	<input type="checkbox"/> Traditional	<input type="checkbox"/> Roth	<input type="checkbox"/> ESA	<input type="checkbox"/> SAR SEP
	<input type="checkbox"/> SEP Employer	<input type="checkbox"/> SEP Traditional	<input type="checkbox"/> SIMPLE Employee	<input type="checkbox"/> SIMPLE Employer

Contribution Method	<input type="checkbox"/> Check is attached. <input type="checkbox"/> Transfer funds from First Clearing, LLC non-IRA account number: _____ <input type="checkbox"/> Move funds electronically via ACH into above-referenced IRA: <b>Complete ACH Bank Information below.</b>		
	<b>ACH Bank Information:</b>		

Name on Bank Account	Name of Bank
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Type of Account	ABA/Routing Number	Account Number to Debit
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Contribution Frequency <i>Only one Contribution Frequency may be selected; separate forms are required to establish more than one frequency.</i>	<input type="checkbox"/> On-Demand – Available for ACH method only. See page 2 for additional information. <input type="checkbox"/> One Time (Single use only) <input type="checkbox"/> Establish New Periodic – effective ___/___/___ (1st – 28th only) <input type="checkbox"/> Change Periodic – effective ___/___/___ (1st – 28th only)			
	<b>Frequency:</b> By making a selection, you acknowledge that you have read and understand the instructions above. <input type="checkbox"/> Annually <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly (Last Business Day) <input type="checkbox"/> Semi-annually (every 6 months) <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-monthly (2 times/month) ___ and ___			

Contribution Amount	Contribution \$ _____ <i>Please leave contribution amount blank to set up instructions for future use.</i>	Applicable Tax Year: <input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year <i>*All Periodic Contributions will be current year only.</i>
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Catch-Up Contribution:  Amount includes additional contribution available to individuals age 50 or older.

## CLIENT SIGNATURE AND ACKNOWLEDGEMENT

By making this contribution, I acknowledge the following:

- I am eligible to make the above contribution(s) and understand that I can no longer contribute to my Traditional IRA beginning the year I obtain age 70½.
- Contributions into an ESA can no longer be made once the Designated Beneficiary (child) attains the age of 18, unless the child is a "special needs beneficiary" as defined by IRS regulations.
- The IRS determines the annual maximum contribution limit that I may contribute each year. I understand that if I should exceed that contribution maximum, I am responsible for any penalties and interest imposed by the IRS.
- All deposits will be considered current year contributions unless indicated otherwise by me. I understand that prior year contributions cannot be set up as recurring periodic deposits. In order to make a prior year contribution, a one-time deposit may be made via check, ACH, or Journal.
- All decisions regarding this deposit are my own and I have received no tax advice from my financial professional or anyone associated with the firm.
- I expressly assume responsibility for any tax implication and any adverse consequences, which may arise as a result of this deposit, and I agree that First Clearing, LLC ("FCC") shall in no way be held responsible.
- If I have elected to make my contribution via ACH, by signing below, I am providing FCC with authorization to initiate an ACH contribution to my account. Based on my verbal instructions, I am authorizing transactions to my account at the financial institution identified in the Bank Information section of this form, for credit to my FCC account.

**DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS.**

Signature of Account Holder, POA attorney-in-fact, Employer or Responsible Individual	Printed Name	Date
Signature of Other Account Owner (if applicable) X	Printed Name	Date

If the registrations for the bank account and the brokerage account are not the same, signatures of all account holders are required before a withdrawal from the bank account can be initiated to the brokerage account.

SR #
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**Terms and Conditions**

This agreement is governed by the general terms and conditions of the brokerage account specified by you in this form. You also acknowledge that you have all the necessary authority to provide and be bound by money movement instructions, as anticipated by this ACH Authorization Agreement, with respect to the bank account listed.

The ACH service is to be performed by us and in accordance with the rules of the National Automated Clearing House Association ("NACHA") as such are amended from time to time. The ACH service includes the transmission of electronic credit and/or debit entries initiated by you and processed through us from your account. This service is established solely for the convenience of the account owner and the person signing this document understands that this service may be terminated or modified at any time without notice by Introducing Broker-Dealer ("IBD"), First Clearing, LLC ("FCC"), or their agents.

The account owner releases the IBD, FCC, and its affiliates, agents, and representatives from all liability and agree to indemnify the same from any and all losses, damages, or costs for acting in good faith in accordance with the privilege selected herein. In no event shall the IBD, FCC, or its affiliates, agents, or representatives be liable for consequential damages. All terms shall be binding upon the heirs, representatives, and assigns of the account owners.

The account owner releases the IBD, FCC, and its affiliates, agents, or representatives in the event the IBD or FCC makes an error which underpays/overpays their account. The account owner authorizes FCC to debit or credit their account as necessary to correct any errors.

A fee will be charged for all check deposits returned by the financial institution. The authorization will continue until terminated by any account owner through verbal or written notification to the IBD on behalf of FCC. Termination will be effective as soon as FCC, upon receipt, has had reasonable time to act upon it.

**Additional Information**

- A. Funds will not be automatically deposited to money market accounts.
- B. A new form must be completed when changing any bank account information.
- C. If an ACH frequency is a holiday or weekend, money will remit on the next business day.
- D. Verbal client authorization is permissible to update dollar amount, frequency, start date, end date, or to cancel ACH transfers between the brokerage account and the bank account identified herein.

**ACH Contributions On-Demand**

Contributions On-Demand are monies deposited to your account via ACH as either a current year or prior year contribution which is authorized by you upon verbally contacting your Financial Advisor. To establish On-Demand contributions, select "On-Demand" in the "Contribution Frequency" section. Once On-Demand contributions have been established (by completing and signing this form), a new contribution form needs to be completed and signed by all bank account holders when changes are made to the bank information. A separate form is needed for each of your IRAs.