



# IRA CONTRIBUTION FORM

*This IRA Contribution Form is used to record information about Traditional, Roth, SEP, and SIMPLE IRA contributions. Do not use this form for Inherited IRAs. The IRA contribution rules are often complex. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs), for more information.*

## MAILING INSTRUCTIONS

Please send completed form to:

### Regular Mail Delivery

Wasatch Funds  
PO Box 2172  
Milwaukee WI 53201-2172

### Overnight Delivery

Wasatch Funds  
C/O UMB Fund Services, Inc  
235 W Galena Street  
Milwaukee WI 53212-3948

## PART I: IRA OWNER INFORMATION

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## PART II: CONTRIBUTION INFORMATION

IRA Account/Plan Number: \_\_\_\_\_ Contribution Date: \_\_\_\_\_ Amount: \_\_\_\_\_

## PART III: CONTRIBUTION TYPE

Identify the contribution type (select only one)

### Traditional/SEP IRA

- Regular/Spousal Contribution for Tax Year: \_\_\_\_\_
- Direct Transfer from:
  - Traditional/SEP IRA
  - SIMPLE IRA  
(Note: You may not transfer SIMPLE IRA assets to a Traditional/SEP IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.)
- Rollover from:
  - Traditional/SEP IRA
  - SIMPLE IRA  
(Note: You may not rollover SIMPLE IRA assets to a Traditional/SEP IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.)
  - Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))  
Name of Plan: \_\_\_\_\_
- Repayment of:
  - Coronavirus-Related Distribution(s)
  - Qualified Birth or Adoption Distribution(s)
  - Qualified Reservist Distribution(s)
  - Qualified Disaster Distribution(s)
- Recharacterization (Note: An irrevocable recharacterization election must be provided to the receiving IRA Custodian/Trustee)
- Employer SEP Contribution
- Other: (Explain): \_\_\_\_\_

### Roth IRA

- Regular/Spousal Contribution for Tax Year: \_\_\_\_\_
- Direct Transfer from a Roth IRA

- Rollover from:
- Roth IRA
  - Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))  
Plan Name: \_\_\_\_\_
- Conversion from\*:
- Traditional/SEP IRA    Current Account/Plan Number: \_\_\_\_\_
  - SIMPLE IRA            Current Account/Plan Number: \_\_\_\_\_  
(Note: You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.)
- Repayment of:
- Coronavirus-Related Distribution(s)
  - Qualified Birth or Adoption Distribution(s)
  - Qualified Reservist Distribution(s)
  - Qualified Disaster Distribution(s)
- Recharacterization (Note: An irrevocable recharacterization election must be provided to the receiving IRA Custodian)
- Other: (Explain): \_\_\_\_\_

\*Note: Conversion contributions to Roth IRAs cannot be recharacterized.

## SIMPLE IRA

- Employer Contribution/Elective Deferral
- Direct Transfer from a SIMPLE IRA
- Rollover from:
  - SIMPLE IRA
  - Traditional/SEP IRA  
(Note: You may not rollover a distribution from a Traditional/SEP IRA to a SIMPLE IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.)
  - Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))  
(Note: You may not rollover a distribution from an employer-sponsored plan to a SIMPLE IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.)  
Plan Name: \_\_\_\_\_
- Repayment of:
  - Coronavirus-Related Distribution(s)
  - Qualified Birth or Adoption Distribution(s)
  - Qualified Reservist Distribution(s)
  - Qualified Disaster Distribution(s)
- Other: (Explain): \_\_\_\_\_

## PART IV: 60-DAY ROLLOVER/CONVERSION CERTIFICATION (Part IV must be completed if completing a rollover or conversion)

Is the rollover/conversion being completed within 60 days of receipt of the distribution?

- Yes
- No. Rollover/conversion contributions beyond 60 days will only be accepted if accompanied by a *Certification of Late Rollover/Conversion* form.
- Not applicable, this is a **direct** rollover from an employer-sponsored plan, or a **direct** conversion from a Traditional/SEP IRA or SIMPLE IRA.

## PART V: EMPLOYER INFORMATION (Complete this section only if making SEP or SIMPLE IRA Contributions)

Name of Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Plan Effective Date: \_\_\_\_\_

**PART VI: PAYMENT INFORMATION**

You can fund your account by any of these methods. Please check your choice:

- By Check** Enclose a check payable to \_\_\_\_\_ for the total amount.
- By Wire** For wire instructions, call \_\_\_\_\_.
- Other** \_\_\_\_\_.

**PART VII: INVESTMENT SELECTION**

Name of Investment	Share Class (if applicable)	Allocation
1.		\$ _____ or _____ %
2.		\$ _____ or _____ %
3.		\$ _____ or _____ %
		<b>TOTAL:</b> \$ _____ or _____ %

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

**PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR IRA**
**Systematic investment program** *(The completion of this section is optional)*

This option provides an automatic investment into your IRA by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip. Contributions made to your IRA using the automatic investment option will be for the current tax year.

**Frequency:**

- Monthly, on the \_\_\_\_\_ day of each month.  Quarterly, on the \_\_\_\_\_ day of January, April, July and October.
- Other (Please Specify) \_\_\_\_\_.

**Investment Information:**

Investment Name: \_\_\_\_\_ Investment Identification Number: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

Investment Name: \_\_\_\_\_ Investment Identification Number: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

**Bank Account Information** Provide information about your checking or savings account to establish a systematic investment program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
- Provide information about your bank account below.

**Enter your checking or savings account information:** Account Type:  Checking  Savings

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

John and Jane Doe 123 Any Street Anytown, USA 12345	Date: _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	
BANK NAME BANK ADDRESS		
MEMO		

**PART IX: ACKNOWLEDGEMENT**

I certify that the contribution described above is eligible to be contributed to the IRA. I understand that my investment decisions regarding my IRA are my sole responsibility and I have been advised to seek competent tax and investment advice. I authorize the Trustee/Custodian to invest my IRA assets as instructed above, and I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. If I have indicated any contributions for the prior tax year, I understand the contributions will be reported to the IRS as such. I understand that I am responsible for verifying that the deposit was made by the applicable deadline. If the contribution contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If the contribution is a conversion contribution to a Roth IRA, I understand that such contribution is not eligible to be recharacterized back to a Traditional IRA. I certify that the Trustee/Custodian has not provided me with any tax, legal, or investment advice.

Signature of IRA Owner: X: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of IRA Trustee/Custodian Representative: X: \_\_\_\_\_ Date: \_\_\_\_\_