Trust Company of America
Institutional Advisor Services

IRA SYSTEMATIC CONTRIBUTION REQUEST

General Instructions

Use these instructions to complete the IRA Systematic Contribution Request form.

Purpose of this form. This form is required to establish, change, or cancel systematic ACH contribution instructions for an existing IRA. *Note: Systematic contribution instructions for a new account can be provided on the account application. Only one set of instructions should be submitted on this form.*

Important: Systematic contributions continue until you cancel the contribution using this form.

All fields are required unless noted. All fields are required unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form.

Change a systematic contribution. Provide information to be changed in Section 3 and 4 as applicable.

Cancel a systematic contribution. Select which type of systematic contribution should be cancelled. If the account has more than one systematic contribution, indicate the contribution amount and the deposit schedule of the systematic contribution to cancel.

Section 2: Account

A. Account Type

Check the box indicating the IRA type and provide the Trust Company account number.

Important: Systematic contributions cannot be established for a Beneficiary IRA, Beneficiary Roth IRA, SIMPLE IRA, or SARSEP IRA.

B. Account Owner

Enter the account owner's information exactly as it appears on your Trust Company account.

Section 3: ACH Contribution

Enter the contribution information. *Note: IRA contributions made through a systematic contribution will be credited as contributions for the year in which they are received. It may take up to 7 days from receipt of this form for the systematic contribution instructions to be activated, changed, or cancelled.*

Important: Your first contribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested deposit.

Note: Systematic contributions will be deposited to models in the account according to the account's model contribution percentages.

Section 4: Bank Information

Provide the bank information. If you select the Voided Check Provided box, provide a blank check with this form. If you select either Checking Account or Savings Account, enter your banking information.

Section 5: Signature

Sign and date the form.

Custodial IRA or Custodial Roth IRA. The custodian must sign.

Return your completed form as instructed by your investment advisor or your client representative. Questions regarding this form should be directed to your investment advisor.

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IRA SYSTEMATIC CONTRIBUTION REQUEST

SECTION 1: Request Type

A. REQUEST TYPE

Select one:
☐ Establish Systematic ACH Contribution.
☐ Change Systematic ACH Contribution. *Provide information in Sections 2, 3 and 4 as applicable and sign in Section 5.*
☐ Cancel Systematic ACH Contribution. *Provide information below and in Section 2 and sign in Section 5.*

To cancel a systematic distribution, select one:
☐ Cancel the sole systematic contribution currently on file
☐ Cancel the specified systematic instructions listed below:

Contribution Amount Deposit Schedule

SECTION 2: Account

A. ACCOUNT TYPE

Select one:
☐ Traditional IRA
☐ Custodial IRA
☐ Rollover IRA
☐ Roth IRA
☐ Custodial Roth IRA
☐ SEP IRA

Trust Company Account Number, if applicable

B. ACCOUNT OWNER

First Name MI Last Name

Last 4 digits of Social Security Number Date of Birth

SECTION 3: ACH Contribution

IMPORTANT: IRA contributions made through a systematic contribution will be credited as contributions for the year in which they are received. Allow up to 7 days from receipt of this form for the systematic contribution to be activated, changed, or cancelled.

$ _____
Amount of Each Contribution

Month to Begin Contributions (see important note above)

Frequency of Contributions
Select one: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Day of Month to Withdraw Contributions
Select one: ☐ 5th ☐ 25th

Trust Company Account Number

SECTION 4: Bank Information

Select one:
☐ Voided check provided in lieu of bank information
☐ Checking account with the bank information below
☐ Savings account with the bank information below

Bank Name ABA (Routing) Number

Name on Bank Account

Bank Account Number

SECTION 5: Signature

I certify that I am the proper party to receive payment(s) into this IRA and that all information provided is true and accurate. I further certify that no tax advice has been given by Trust Company of America. All decisions regarding this contribution are my own. I expressly assume the responsibility of any adverse consequences which may arise from the contribution and I agree that Trust Company of America shall in no way be held responsible.

In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

By signing, I hereby agree to indemnify and hold harmless Trust Company, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from Trust Company compliance with this request, including but not limited to transfer to another party.

Account Owner or Authorized Party Signature Date

Print Name

- End of Form -