

# CONTRIBUTION/ROLLOVER DEPOSIT SLIP



**Questions?** Our representatives are available to assist you at 855-604-7526.

Use this deposit slip to remit contribution and/or rollover funds into your account. Each deposit should be accompanied by a Contribution/Rollover Deposit Slip. This deposit slip provides iPlanGroup with the information necessary to ensure that the funds are documented properly within your retirement account.

**AVAILABILITY OF FUNDS:** The availability of funds deposited within your account depend upon the method of payment used. Below is a list of availability timeframes:

Regular Checks - 5 Days upon receipt of funds | Cashiers Checks - Typically available the same day | Wires - Typically available the same day

<p><b>CHECK INSTRUCTIONS:</b></p> <p>Make Checks Payable to:</p> <p>iPlanGroup FBO Account Owner Name or Account Number, Account Type</p> <p>Mail checks &amp; deposit slip to:</p> <p>iPlanGroup 28011 Clemens Road, Suite B Westlake, Ohio 44145</p>	<p><b>WIRE/ACH INSTRUCTIONS:</b></p> <p>Key Bank                      For Credit To: ABA # 041001039              IRA Plan Partners LLC - Client Funds Account #35968138XXXX <i>*Please call iPlanGroup to verify Wire/ACH instructions</i></p> <p style="text-align: right;"><b>*fees apply</b></p> <p>Reference: (Account Owner Name) (Account Type) (Account Number)</p> <hr/> <p style="text-align: center;"><b>Contribution/Rollover Deposit Slip must be sent to iPlanGroup prior to wire, via:</b></p> <p style="text-align: center;">Fax: 440-815-2214      -or-      Email: <a href="mailto:Accounts@iPlanGroup.com">Accounts@iPlanGroup.com</a></p> <p>Wire Fee will be deducted from incoming wire unless otherwise requested. If you prefer the fee paid via check or credit card, please indicate when sending the Contribution/Rollover Deposit Slip. 5% Credit Card Processing Fee applies to credit card charges.</p>
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## CONTRIBUTION AND/OR ROLLOVER DEPOSIT SLIP

Account Owner Name	iPlanGroup Account Type	iPlanGroup Account Number
Deposit Amount \$	Check Number (if applicable)	Wire/ACH Date (if applicable)

### CONTRIBUTION DEPOSIT

Is this a current or prior year contribution?

Current Year Contribution     
  Personal     
  Employee     
  Employer

Prior Year Contribution\*

*\*For SEP IRA contributions, please note: SEP Contributions are reported in the year received*

### ROLLOVER DEPOSIT

Please indicate the type of rollover:

Distribution Rollover     
  Direct Rollover

Please list the Custodian/Administrator in which this rollover is from:

\_\_\_\_\_

CUSTODIAN/ADMINISTRATOR NAME

Please indicate the type of account the rollover is coming from:

Traditional IRA     
  Roth IRA     
  Individual 401(k)     
  CESA     
  HSA

SIMPLE IRA     
  SEP IRA     
  Individual 401(k) Roth     
  Other: \_\_\_\_\_