Contribution Form



1. Account Holder's Name and Address	2. Social Security No.		
	3. Account Number		
Full Name:	4. Account Type	IRA/Roth/SEP	401K
Mail Address:		HSA	ESA
		Other	Trust
City, State, Zip:	5. Date		

Contribution Information					
6. Contribution Year		7. Contributio	on Amount		
8. Contribution Type	Traditional Regular Transfer Rollover Recharacterization	Roth Regular Transfer Rollover Recharacterization	SEP Elective Deferral Employer Contribution	SIMPLE Elective Deferral Employer Contribution Transfer Rollover Recharacterization	
9. Payment Method	I will be making this contribution by one of more of the following methods: Personal Check Cashiers Check Money Order Wire Cash Other Please wire to the following: Wells Fargo Account #: 3393886381 Account #: 3293886381 Routing #: 121000248 Account Name: American Estate & Trust, Inc. Please note that there are processing times and holding periods for transactions. 1) Checks - 7-5 Business Days; 2) Wires - 2-3 business days for processing.				

10. Special Instructions	11. Signature
	I understand that all contributions deposited and accepted are subject to all Federal and State laws and the regulations and policies of the custodian, including policies, laws and regulations that exist now or may exist in the future. I certify that the deposit and contribution, described herein, is eligible to be contributed to the account described above. I further certify that all of the information provided for this contribution is true and correct and may be relied upon by the custodian.
	(Account Holder) (Date)