

IRA Contribution Transmittal Form

This form can be used to remit a contribution by check -OR- initiate, modify, or cancel an ACH authorization.

New
 Updated
 Cancel

STEP 1 ACCOUNT HOLDER AND BANK INFORMATION

IRA ACCOUNT <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Checking <input type="checkbox"/> Savings	BANK ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	CONTRIBUTION YEAR* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Check Only)	ASPIRE IRA ACCT# <input type="text"/> (If Available)
First Name _____ Last Name _____		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

*If the contribution year is not notated above, Aspire will use the year in which the contribution was received.

FOR AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATIONS ONLY

Indicated below is the depository financial institution, hereinafter called DEPOSITORY, for the account from which the ACH will be debited. Account Holder acknowledges that the origination of ACH transactions to the IRA account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____
 Address _____
 City _____ State _____ Zip _____

STEP 2 SUBMISSION INSTRUCTIONS

CHECK – Attach executed check and mail original
 Make checks payable to: **MG Trust Company FBO “Account Holder Name.”**
 In the memo: **TPA 388**
 Mail this form and check to the following address:
MG Trust Company, LLC, ATTN: TPA 000388, PO Box 3595, New York, NY 10008-3595

ACH – Attach Volded Check for Account from which the ACH will be debited.
 Amount Of Monthly Contribution

Account Holder acknowledges and agrees that:

- For all ACH contributions, the year in which the ACH amount was processed will be the contribution year; it may not be retroactive.
- For the 1st ACH debit processing time can take up to one month after receipt of the request. Once started, the ACH debit will occur on or about the 15th of each month.

ACH: Attach vold check for Account from which the ACH will be debited Here (may be uploaded through Form Submission Tool)

STEP 3 AUTHORIZATION & SIGNATURE (ACH ONLY)

Account Holder acknowledges and agrees that, if the Depository for the account from which the ACH will be debited requires more than 1 signature for this authorization and any subsequent revocation, the Account Holder will provide those names and signatures to Aspire in addition to this IRA Contribution Transmittal Form. For ACH this authorization is to remain in full force and effect until Aspire has received written notification from Account Holder of its termination in time and such manner as to afford Aspire and DEPOSITORY a reasonable opportunity to act on it.

Account Holder Name _____

 Account Holder Signature

- -
 Date (month | day | year)

Upload through the Form Submission Tool at www.aspireonline.com/resources/forms-submission-tool. Maintain a copy for your records.
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm ET.