

Contribution Instructions Contributions On Demand

Instructions: Use this form to set up an account with the Contributions On Demand feature. This feature is not available for beneficiary accounts and omnibus plan accounts. Send the completed form to Retirement Accounts, P.O. Box 509045, San Diego, CA 92150-9045; fax (858) 550-8071.

1.	Account Number <input style="width: 95%;" type="text"/>	Social Security Number <input style="width: 95%;" type="text"/>	Rep ID <input style="width: 95%;" type="text"/>
	Account Owner Name <input style="width: 95%;" type="text"/>		

2.	<p>Contributions On Demand Instructions (select only one)</p> <p><input type="radio"/> This is a new request</p> <p><input type="radio"/> This is an additional set of instructions</p> <p><input type="radio"/> This is an update to an existing request (all previous Contributions On Demand instructions are superceded)</p> <p><input type="radio"/> This is a request to terminate all existing Contributions On Demand instructions</p>
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3.	<p>Method of Funding</p> <p>I authorize contributions to be made to the retirement account listed above using one or both of the following methods:</p> <ul style="list-style-type: none"> • Journal of monies from this eligible non-retirement account: <p style="margin-left: 20px;">Account Number <input style="width: 400px;" type="text"/></p> <p style="margin-left: 20px;">Specify relationship to retirement Account Holder if delivering journal account is a 3rd party <input style="width: 800px;" type="text"/></p> <p style="margin-left: 20px;">Please note: If the delivering account is a joint account, all account holders must sign below. If the delivering account is a trust, the accounts must have the same beneficial owner and the trustee must sign below. If the delivering account is a business account, a corporate resolution must also be on file and the authorized signers of the corporate resolution must sign below.</p> • ACH debit from this bank account: <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;">Bank Name <input style="width: 95%;" type="text"/></td> <td style="width: 50%;">ACH ABA Number <input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Bank Account Name <input style="width: 95%;" type="text"/></td> <td>Bank Account Number <input style="width: 95%;" type="text"/></td> </tr> </table> <p style="margin-left: 20px;">Select one:</p> <p><input type="radio"/> Checking account - Include a copy of a pre-printed, voided check.</p> <p><input type="radio"/> Savings account - Include a copy of a monthly bank statement including account number, registration, bank name, and logo.</p> <p style="margin-left: 20px;">Please note: An acceptable substitution is a letter on bank letterhead signed by an officer of the bank (including the officer's title) verifying ABA number, bank account title, bank account number, and receiving bank type (i.e. checking or savings).</p> 	Bank Name <input style="width: 95%;" type="text"/>	ACH ABA Number <input style="width: 95%;" type="text"/>	Bank Account Name <input style="width: 95%;" type="text"/>	Bank Account Number <input style="width: 95%;" type="text"/>
Bank Name <input style="width: 95%;" type="text"/>	ACH ABA Number <input style="width: 95%;" type="text"/>				
Bank Account Name <input style="width: 95%;" type="text"/>	Bank Account Number <input style="width: 95%;" type="text"/>				

4. Program Guidelines and Client Signatures

(a) I understand that this authorization is effective upon receipt by LPL Financial Corporation (LPL) of an executed copy of this form. This authorization shall remain in effect until terminated by me, in writing, or until LPL receives proper notification of my death, if earlier.

(b) I understand that I am not able to use this method of deposit to request a rollover contribution, trustee transfer, or fee payment. I will complete a separate contribution form for these transactions.

(c) I understand that contributions can only be made in U.S. dollars and that shares of a security cannot be accepted as a contribution.

(d) I understand that all contributions shall be made from available cash and cash equivalents.

(e) I understand the IRS deadlines associated with retirement account contributions and understand that the custodian must follow these guidelines.

(f) I understand the contribution limits associated with my retirement account type and agree that it is my responsibility to adhere to these limits.

I certify that I am the proper party to request contributions for this account and that the information provided is true and accurate. All decisions regarding any authorization herein are my own. I expressly assume responsibility for tax implications and adverse consequences, which may arise from any contribution, and I agree that LPL shall in no way be held responsible. I shall indemnify and hold LPL harmless for any losses, claims, or damages, including professional fees, in reliance upon the authorization hereunder. I understand that it is my responsibility to determine my eligible amount for contributions.

If requesting journal contributions:

- In consideration of the acceptance by you, please set up the account to allow contributions by LPL as requested by me or my financial advisor. I (we) hereby relinquish all right, title, and interest to said monies and hereby irrevocably release and discharge you of any claims by me (us) or my (our) legal representatives with reference to the foregoing.

If requesting ACH contributions:

- I hereby authorize LPL to initiate debit and/or credit entries and adjustments for any entries in error from the bank.
- This authority is to remain in full force and effect until LPL has received written notification from me of its termination in such time and in such manner as to afford LPL and the bank reasonable opportunity to act on it.
- I hereby relinquish all right, title, and interest to said monies and hereby irrevocably release and discharge you of any claims by me or my legal representatives with reference to the foregoing.

Retirement Account Client Signature	Name (print)	Date
Additional Signature (if applicable)	Name (print)	Date
Additional Signature (if applicable)	Name (print)	Date

5. Advisor Acceptance and Signature Validation

My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself and my successors, assigns, heirs, executors, and administrators to at all times indemnify and hold harmless LPL and all LPL staff and third-party providers, acting as authorized agents of LPL, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges, and expenses, including attorney fees, resulting from your compliance with this request. LPL reserves the right to verify the authenticity of any signature.

Financial Advisor Signature	Financial Advisor Name (print)	Date