



Contribution Instructions for Traditional and Roth IRAs

Return completed forms as follows:

Questions? Call us at 1-888-502-2967

Mail: Axos Bank
 ATTN: Retirement Services
 PO Box 911039
 San Diego, CA 92191-1039
 Fax: 858-649-2969
 E-mail: RetirementServicesSupport@axosbank.com

Account and Owner Information (print clearly)	
Name:	Account Number:
Date of Birth:	Phone Number:
SSN/Tax ID:	Email:
Current Address (if different than address on file additional documentation will be required):	
Account Type (select one) <input type="radio"/> Traditional <input type="radio"/> Roth	Contribution Amount: \$
Contribution Instructions	
Tax Year: _____ (if left blank it will be assumed that the contribution is for the calendar year in which it is received)	
Frequency: _____ Single or _____ Recurring, to start on _____ and continue _____ Monthly _____ Annually	
Contribution Method	
<input type="radio"/> Check/Money Order (enclosed) <input type="radio"/> Internal Transfer: Account Number _____ Type _____ <input type="radio"/> External Transfer/ACH (Must include pre-printed void check or letter on bank stationary confirming full account information and ownership. Pre-paid debit cards and credit cards not accepted) ABA Routing Number: _____ Account Number: _____ Account Type: DD or SV	
<p>By selecting "External Transfer/ACH and signing below I authorize Axos Bank™ to initiate debit entries to my external checking/savings account. The only purpose of the specified debits is for contributions to my IRA held at Axos Bank from my external checking/savings account. This authorization will remain in effect until Axos Bank receives written notice from me of its termination. I acknowledge that this written notification to terminate must afford Axos Bank no less than 3 business days prior to scheduled date of interest payment to act upon my direction. I further acknowledge that the origination of Electronic Funds Transfer (EFT) transactions to my account must comply with the provisions set forth in U.S. law. I also understand that I cannot revoke this authorization through any third parties, including my other financial institution, but must revoke this authorization directly with Axos Bank in writing.</p> <p>Notice of Receipt of Entry: Under the operating rules of the National Automated Clearing House Association, which are applicable to ACH transactions involving your account, we are not required to give next day notice to you of receipt of an ACH item and we will not do so. However, we will continue to notify you of the receipt of payments in the periodic statement we provide to you.</p> <p>Choice of Law: We may accept on your behalf payments to your account which have been transmitted through one or more Automated Clearing Houses ("ACH") and which are not subject to the Electronic Fund Transfer Act and your rights and obligations with respect to such payments shall be construed in accordance with and governed by the laws of the state of California, unless it has otherwise specified in a separate agreement that the law of some other state shall govern.</p>	
Signature	
I certify that all information provided by me is true and accurate and that Axos Bank and/or any of its agents have not provided me with tax advice. I understand that Axos Bank cannot determine my contribution eligibility and that only I can determine my contribution eligibility. I confirm to Axos Bank that I am eligible to make the contribution as documented on this form. I hereby direct Axos Bank to accept my contribution as documented on this form and understand that I am solely responsible for the consequences of this action.	
Account Owner Signature:	
Date:	
Notary Public/Signature Guarantee (required for dormant accounts):	
Date:	

