



ACH CONTRIBUTION ELECTION INSTRUCTIONS

Equity Trust's convenient ACH service allows you to make contributions electronically between your bank or credit union account and your Equity Trust account on a **monthly** basis.

1 ACCOUNT HOLDER INFORMATION

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|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| ACCOUNT HOLDER NAME | | ACCOUNT NUMBER |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | PRIMARY DAYTIME PHONE NUMBER |
| EMAIL ADDRESS | | |
| This contribution is for my (choose only one): <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA | | |
| Qualified Plan Holder | EIN | |

(Please contact the depository in order to verify the proper information that should be used to debit your account.)

2 BANK INFORMATION

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Please mark the appropriate box: <input type="checkbox"/> New Instructions <input type="checkbox"/> Change of Instructions (Complete only the sections of the form that you wish to change.) | | |
| BANK NAME | | BANK PHONE NUMBER |
| BANK CITY | STATE | TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
| BANK ROUTING NUMBER (ABA) | | ACCOUNT NUMBER |
| NAME ON ACCOUNT | AMOUNT OF DEBIT (Minimum \$50 required) | TIMING OF DEBIT <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Quarterly |
| DATE FOR RECURRING WITHDRAWAL | (Please specify 1 st through 28 th - If no date is selected, withdrawals will be made on the 15 th .) | |

Consult with your tax advisor or financial planner for the amount you are eligible to contribute to the type of account you have.

I hereby authorize Equity Trust Company to initiate debit entries on the day specified above from my account at the bank or credit union named, hereinafter called depository. I understand that I am responsible for maintaining a sufficient cash balance in my depository account in order for the ACH transfer to be made.

- Contributions will be coded for the calendar year they are received.
- Withdrawals will continue to be drawn from your depository account until written instructions are received by Equity Trust Company from you to cease withdrawals.
- In order to take advantage of this service, your depository must be a member of the Automated Clearing House. In addition, you must be named on the account at the depository where the funds will be withdrawn.

This authorization is to remain in full force until Equity Trust Company has received written notification from me of its termination in such time and in such manner as to afford Equity Trust Company and the above named depository a reasonable opportunity to act on it. I understand that any future changes to my ACH bank draft instructions including but not limited to amount changes, a change in depository or depository account number must be made in writing on this form and received by Equity Trust Company. In addition, I agree to allow seven (7) business days for such changes to be processed by Equity Trust Company. Should I neglect to inform Equity Trust Company of any changes, I agree to hold harmless Equity Trust Company and any of its affiliates for any losses that I might incur.

I further understand that Equity Trust Company will not charge a fee for this service, but that the depository may charge me. Should my account at the depository have insufficient funds on the date of the debit, I understand that Equity Trust Company will charge me an insufficient funds fee. I further understand that if my account has insufficient funds on three separate withdrawal attempts during the year, Equity Trust Company will automatically cancel these instructions without written or verbal warning. If for any reason my ACH contribution is recalled and an investment purchase had been made with the funds, I understand that Equity Trust Company will redeem the funds necessary from assets held within my IRA to cover Equity Trust Company's losses without my prior authorization. I agree to hold harmless Equity Trust Company and any of its affiliates for any losses that I might incur should my account at my depository have insufficient funds or if the depository or I in anyway delay, recall, or make an error in Equity Trust Company's request to debit my account.

I understand that uninvested contributions to my account will be handled pursuant to the terms of my Custodial Account Agreement. I further understand that Equity Trust Company is not responsible to monitor the amounts I have contributed to avoid possible excess contribution(s). I agree to be solely responsible that the correct amounts are contributed to my account as noted above.

SIGN & DATE

I represent and warrant that the above information is true. I also understand that Equity Trust Company or any of its agents, successors or affiliates may not process this request in the event it has reasonable grounds to believe the foregoing is untrue.

| | |
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| ACCOUNT HOLDER SIGNATURE | DATE |
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P. O. BOX 451159 • WESTLAKE, OH 44145 • PHONE: 866-958-9054 • FAX: 440-365-1445 • EMAIL: KEYACCOUNTS@EQUITYINSTITUTIONAL.COM