

Trust Company of America
Institutional Advisor Services
**NON-RETIREMENT ACCOUNT ONE-TIME ACH
DEPOSIT REQUEST**



General Instructions

Use these instructions to complete the Non-Retirement Account One-Time ACH Deposit Request form.

Purpose of this form. This form is required to initiate a one-time ACH deposit into a non-retirement account.

All fields are required unless noted. All fields are required unless designated as 'if applicable' or 'optional'.

'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Section 1: Account Information

A. Account Type

Enter the type of account and check the box indicating if these instructions apply to an existing Trust Company or a new account. For existing accounts, provide the Trust Company account number. *Note: If this is a new account, provide this form with your account application.*

B. Account Owner

Enter the account owner information for this account.

Section 2: ACH Deposit

A. ACH Deposit Information

Enter the deposit amount.

Important: The maximum daily ACH deposit is \$100,000. If you would like to deposit more than \$100,000, please deliver the funds to us by wire or check.

B. Bank Information

Provide the bank information. If you select the Voided Check Provided box, provide a blank check with this form. If you select either Checking Account or Savings Account, enter your banking information.

Section 3: Signature

A. Account Owner Signature

Sign and date the form. *Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.*

B. Bank Account Owner Signature

If the person signing Section 3A does not have authority to request monies be withdrawn from the bank account listed in Section 2B, the bank account owner must sign to authorize the transaction.

Return your completed form as instructed by your investment advisor or your client representative. Questions regarding this form should be directed to your investment advisor.

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SECTION 1: Account Information

A. ACCOUNT TYPE

Account Type

Select one:

- Existing Trust Company Account
- New Trust Company Account (attach to account application)

Trust Company Account Number, if existing

B. ACCOUNT OWNER

Account Title

Account Title Continued

Last 4 digits of Social Security Number

SECTION 2: ACH Deposit

A. ACH DEPOSIT INFORMATION

Important: The maximum daily ACH deposit is \$100,000. If you would like to deposit more than \$100,000, please deliver the funds to us by wire or check.

Amount of Deposit (\$)

B. BANK INFORMATION

Select one:

- Voided check provided in lieu of bank information
- Checking account with the bank information below
- Savings account with the bank information below

Bank Name ABA (Routing) Number

Name on Bank Account

Bank Account Number

SECTION 3: Signature

I/we certify that I/we are the proper party to receive payment(s) into the above referenced Trust Company account and that all information provided is true and accurate. I/we further certify that no tax advice has been given by Trust Company of America. All decisions regarding this deposit are my/our own. I/we expressly assume the responsibility of any adverse consequences which may arise from the deposit and I/we agree that Trust Company of America shall in no way be held responsible.

In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Trust Company Account Number

SECTION 3: Signature Continued

By signing, I/we hereby agree to indemnify and hold harmless your firm, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from your compliance with this request, including but not limited to transfer to another party.

By signing, I/we certify that I/we have full authority to request monies be withdrawn from the bank account indicated in Section 2 and/or that the authorized party for the bank account has signed below in Section 3B.

A. ACCOUNT OWNER SIGNATURE

Account Owner Signature Date
Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.

Print Name

Joint Owner Signature, if applicable Date

Print Name

B. BANK ACCOUNT OWNER SIGNATURE

By signing below, I certify that I have full authority to request monies be withdrawn from the bank account indicated in Section 2, and that I am authorizing this transaction.

Bank Account Owner Signature Date

Print Name

- End of Form -