



2001 Spring Road, Suite 700  
Oak Brook, IL 60523  
800.258.7878 Telephone  
630.472.5308 Fax  
www.mtrustcompany.com

# DEPOSIT FORM

**To complete this application, you will need your:**

- Millennium Account Number
- Deposit Type/Amount
- Rollover Type/Amount (if applicable)
- Account Number from Previous Custodian (if applicable)

Please print after completion. For assistance with this application, please contact a Client Service Specialist at 800.258.7878. (Hours: Monday - Friday, 8:00 am to 4:30 pm Central time.)

**A Account Owner's Information**

Enter Account Owner's full name:

► First: Middle: Last:

Millennium Account No.: Social Security No.:

Address:

City: State: Zip:

Daytime Phone No.: Date of Birth:

E-mail address:

**B Deposit Type/Amount**

Please indicate deposit type and amount:

- Custody Account Deposit \$  
 Retirement Account Contribution

This contribution is effective for tax year:  
If year is not indicated, the contribution will be made for the current year.

- |  |    |  |    |
|--|----|--|----|
| <input type="checkbox"/> Traditional IRA | \$ | <input type="checkbox"/> Coverdell Education Savings Account | \$ |
| <input type="checkbox"/> Roth IRA        | \$ | <input type="checkbox"/> Profit-Sharing                      | \$ |
| ► <input type="checkbox"/> SEP IRA:      |    | <input type="checkbox"/> Solo 401(k):                        |    |
| Employer                                 | \$ | Employer   | \$ |
| Employee                                 | \$ | Deferral   | \$ |
| <input type="checkbox"/> SIMPLE IRA:     |    | Roth 401(k)  | \$ |
| Employer                                 | \$ |  |    |
| Employee                                 | \$ |  |    |

*Note: SEP contributions can only be reported in the year received.*

**Please continue to page two to complete this form.**



## C Rollover Type/Amount (For Retirement Accounts Only)

- Please indicate rollover type and amount: ▶
- Direct Rollover: **Cash \$**  
This is an Irrevocable Qualifying Direct Rollover from my employer's plan (401(k), 403(b), profit-sharing plan, etc.)
- 60-Day Rollover: **Cash \$**  
**Note:** If rolling over Assets In-Kind, please use the 60-Day Asset Rollover Request form.

**Previous Custodian information is required if choosing one of the rollover options above.** ▶

Previous Custodian Name:  
Previous Custodian Account No.:

As to the Rollover indicated in this Section C, the undersigned Account Owner certifies (i) this is an irrevocable Qualifying Rollover and the Account Owner is bound by this election, (ii) all funds are being deposited within the allowable 60 day period since distributed to the Account Owner, (iii) this is the only rollover for/by the Account Owner within the previous 12 month period, and (iv) none of the funds being deposited contain amounts from a Required Minimum Distribution.

## D Deposit Options

Please select one of the following deposit options: ▶

- I wish to make a deposit by check.**

Please make checks payable to:

Millennium Trust Company, LLC  
F/B/O: *(Insert Account Owner's name)*  
2001 Spring Road, Suite 700  
Oak Brook, IL 60523

**NOTE:** Please include your Millennium Account number on the memo line of your check.

*If funds are being transferred by ACH/Wire, please fax this deposit form to the Attn of: "Balance and Control Department" at (630) 472-5308.* ▶

- I wish to make a deposit via ACH/Wire transfer.**

ACH/Wire funds to:

Cole Taylor Bank  
Chicago, IL 60609  
ABA#: 0710-00343  
Credit Acct#: 0691-76019  
Acct Name: Millennium Trust Company, LLC  
For Further Credit: *(Insert Account Owner's Name)*  
Millennium Acct#: *(Insert Acct#)*

## E Account Owner's Acknowledgement

The contribution limit information for IRAs is based on federal law as stated in the Internal Revenue Code, and is believed to be accurate. However, eligibility to contribute is dependent on the tax filing status and personal situation. Please consult a tax advisor concerning your specific contribution eligibility, and any applicable state laws which may differ from federal law.

I authorize Millennium Trust Company, LLC ("Millennium") to deposit the funds into my Millennium Account ("Account") according to the instructions on this Deposit Form. I understand that the deposit of funds into the Account may have important and possibly irrevocable tax consequences. I acknowledge that Millennium does not provide investment or tax advice and that I assume full responsibility for this transaction. I release and agree to indemnify and hold harmless Millennium from liability for any adverse consequences that may result from this transaction.

By signing below, I certify that the information and instructions provided, and the elections made by and through this Deposit Form, are true and correct.

Please sign and date as Account Owner: ▶

Account Owner's Signature: \_\_\_\_\_  
Date: