ST. GERMAIN SECURITIES
Subsidiary of D.J. St. Germain Co., Inc.

IRA CONTRIBUTION AUTHORIZATION

I. PARTICIPANT INFORMATION

NAME:_____

ACCOUNT NUMBER: DJ – _____ **SOCIAL SECURITY NUMBER:** _____

II. RETIREMENT PLAN TYPE (Select one)

☐ TRADITIONAL IRA ☐ ROTH IRA ☐ SEP IRA ☐ SIMPLE IRA ☐ EDUCATION SAVINGS
☐ Special needs apply

III. CONTRIBUTION TYPE

In keeping with Internal Revenue [IRS] tax reporting requirements, employer contribution (including employee salary deferrals) must be processed and reported in the year they actually occur, regardless of the year of designation. Obtain and refer to the instructions on filing the IRS Form 5498.

	CURRENT YEAR	PRIOR YEAR	TOTAL DEPOSIT
IRA CONTRIBUTION	$_____	$_____	$_____
EDUCATION SAVINGS ACCOUNT	$_____	$_____	$_____
EMPLOYER OR COMPANY CONTRIB	$_____	$_____	$_____
EMPLOYER MATCHING CONTRIB	$_____	$_____	$_____
EMPLOYER NONELECTIVE [SIMPLE]	$_____	$_____	$_____
EMPLOYEE SALARY DEFERRAL CONTRIBUTION	$_____	$_____	$_____
ROTH CONVERSION--CASH	$_____	$_____	$_____
ROLLOVER CASH [see below]	$_____	$_____	$_____
TOTAL (your check amt should equal this amount)	$_____	$_____	$_____

CONVERSION / ROLLOVER SECURITIES (select one and list the securities below)

☐ SECURITIES CONVERSION TO ROTH IRA ☐ ROLLOVER SECURITIES (See rollover certification section below)

DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY

NOTE: Use the Roth Conversion/Recharacterization Request for direct trustee to trustee Roth conversions.

CONVERSION OR ROLLOVER CERTIFICATION

If I elect to make a conversion or rollover contribution to the retirement account indicated above, I hereby certify that I understand the conversation or rollover rules and conditions as they pertain to this retirement account, and I have met the requirements for making such a transaction. Due to the important tax consequences of converting or rolling over funds or property, I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the custodian. I assume full responsibility for these transactions and will not hold the custodian liable for any adverse consequences that may result. I hereby irrevocably designate the conversion or rollover of funds or other property as rollover contributions

AGE 70½ CONVERSION / ROLLOVER / TRANSFER RESTRICTION

If you over the age of 70 ½ this year, you may not convert, rollover or transfer required minimum distribution amounts. If necessary, instruct your present custodian to either 1) pay your required minimum distribution to you now, or 2) retain that amount for distribution to you later. For ROTH conversions, you must take your required minimum distribution amount before you convert your assets to a ROTH IRA.

IV. PARTICIPANT OR GUARDIAN SIGNATURE

SIGNATURE: **DATE:**

Make check payable to: Pershing LLC FBO_____, and write your account number on the check.
(Participant Name)

PLEASE RETURN TO:
St. Germain Investment Management
PO Box 15649
Springfield, MA 01115-5649

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Pershing LLC, a subsidiary of The Bank of New York Mellon Corporation
Member FINRA, NYSE, SIPC