

# IRA Deposit Form



When complete please return to Selected Funds, P.O. Box 219662, Kansas City, MO 64121-9662.  
For overnight mail: Selected Funds, 430 W. 7th Street Suite 219662, Kansas City, MO 64105-1407.  
For assistance please call Investor Services at 1-800-243-1575.  
Funds are available to U.S. Citizens or resident aliens only.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

## INSTRUCTIONS

- Use this form to make a deposit into your Selected Funds IRA account.
- Please consult your tax professional if you are unsure of your eligibility to make the type of contribution you have elected.

## A. ACCOUNT INFORMATION

Account Owner \_\_\_\_\_

Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

## B. DEPOSIT INFORMATION

- Make your check payable to "Selected Funds".
- Third party checks, starter checks, traveler's checks and money orders are **NOT** accepted.
- For Traditional, Roth, and SEP IRAs (Participant/Traditional IRA contributions only)—please indicate prior year or current year.
- Please note that prior year contributions for Traditional, Roth, and SEP IRAs (Participant/Traditional IRA contributions only) must be postmarked on or before the tax filing deadline (generally, April 15)—not including extensions. If no year is designated on the check, the contribution will be deposited as a current year contribution.
- For SEP IRA Employer contributions—Per IRS rules, UMB Bank NA (the Custodian) is not responsible for reporting prior year SEP IRA Employer contributions and will default to reporting them for the year in which they are received. For more information, please see IRS "Instructions for Forms 1099-R and 5498."
- Write the Fund and account number on your check.

	CHECK AMOUNT	FUND	ACCOUNT NUMBER	CONTRIBUTION TYPE (Current Year, Prior Year, Employer, or 60-day Rollover*)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

\*I certify that I am making the rollover contribution no later than the 60th day (or, if applicable, within an extension period granted by the IRS) after I received the distribution from my IRA or qualified retirement plan and that the funds being deposited do not contain any unpaid amounts from a Required Minimum Distribution.

## C. SIGNATURE

By signing this form: I understand that Selected Funds will act upon my written instructions and will not be responsible for validating or confirming my eligibility for any type of IRA contribution. I certify that the above information and elections are true and accurate.

Signature of Shareholder \_\_\_\_\_

Date \_\_\_\_\_