



PARTICIPANT-DIRECTED 401(K) PLAN DEPOSIT COUPON

CamaPlan
512 East Township Line Road
5 Valley Square, Ste. 200
Blue Bell, PA 19422
215.283.2868

1. GENERAL INFORMATION

Participant Name:

Plan Name:

Account Number: Deposit Amount:

2. DEPOSIT DETAILS

- CHECK (Make check payable to RIA FBO (Participant's Name) Account # _____)
- WIRE (Submit this form prior to sending a wire (see wire instructions form))

REASON FOR DEPOSIT:

- | | |
|--|--|
| <input type="checkbox"/> 60-day rollover from an IRA Account | <input type="checkbox"/> Employer Profit Sharing Contribution |
| <input type="checkbox"/> 60-day rollover from an Employer Plan | <input type="checkbox"/> Employer Matching Contribution |
| <input type="checkbox"/> Direct Rollover from an Employer Plan | <input type="checkbox"/> Pre-Tax Elective Deferral to Plan |
| <input type="checkbox"/> Direct Rollover from an IRA Account | <input type="checkbox"/> Post-Tax Roth Elective Deferral to Plan |
| <input type="checkbox"/> Participant Loan Payment | <input type="checkbox"/> Transfer or Outsourced Deposit |
| <input type="checkbox"/> Asset Income - Type _____ | <input type="checkbox"/> Other _____ |

SPECIAL INSTRUCTIONS:

3. SIGNATURE OF PLAN PARTICIPANT

I hereby certify and acknowledge that it is my responsibility to correctly characterize the nature and purpose of the deposit being made hereunder. I understand that CAMA Self-Directed IRA, LLC (Recordkeeper) does not provide legal, tax or investment advice and that it is incumbent upon me to obtain pertinent advice and counsel from qualified third party professionals with respect to the subject matter hereof. I hereby agree to release, indemnify and hold Recordkeeper harmless from any and all liability that may arise as a consequence of Recordkeeper processing this deposit as set forth herein.

PARTICIPANTS SIGNATURE: _____ **DATE:** _____