

Deposit Coupon

Date Stamp (Office use only) REV. 4/8/14

This is a fillable PDF form. To complete the form, click in an area and type.

Account Owner Information (As it appears on your account application)							
Legal Name:			First, Middle, La	ot.			
Vantage Account Number:			Deposit Amount: \$				
Deposit Type Plea	se select a deposit type						
Check (Please allow five business days for checks to clear)		to clear)	O wire O	$\begin{picture}(600,0)\put(0,0){\line(1,0){100}}\put(0,0$			
Deposit Frequen	ICy Please select a depos	sit frequency					
One Time Deposit	O Mont	hly	O Quarterly	○ Se	mi-Annualy	O Annually	
Deposit Details	Please provide the approp	riate deposit de	etails				
Contribution	O TRADITIONAL	O ROTH	I 🔘 SEP	O SIMPLE	OTHER:		
Current Year:			O Previ	O Previous Year:			
Rental Income							
Rental Property Address	S;						
City:			State: _	State: Zip:			
Incoming Loan Payment				Loan Number:			
Interest Income:			Principal	Principal Amount:			
Dividends							
LLC Name:			Amount	:			
Other Income:							
Notes:							

Participant's Signature

Vantage Retirement Plans, L.L.C. ("Administrator") performs recordkeeping and administration duties in connection with Account Owner's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account Owner's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and conditions of the Account Application are incorporated herein.

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 Administrator does not provide legal, tax, or investment advice and that it is my responsibility 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 Administrator and Custodian harmless from any and all liability that may arise as a consequence of Administrator processing this deposit as set forth herein

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Account Owner's Signature:	Date: