

IRA PERIODIC INVESTMENTS

Establishes monthly contributions into an IRA or Coverdell ESA.



Investor and Bank Information

Investment Number _____

Owner Name _____ Date of Birth _____ Social Security Number _____

Bank Name _____ Bank Address _____ City _____ State _____ Zip _____

Bank Account Number _____ Bank ABA Number (Bottom left corner of check) _____ Checking Savings

Contribution Information

Select all that apply. We must receive all changes seven (7) working days prior to your next scheduled ACH contribution.

- New Investment/EFT Authorization Change of Bank Information on File
 Change of Existing Investment/EFT Authorization Cancel Investment/EFT Authorization

Investment Election

Select one. A separate form is required for each investment type. All IRA and Coverdell ESA contributions will be designated for the current year.

- Traditional Adjustable IRA 5-Year Investment Certificate Roth Adjustable IRA 5-Year Investment Certificate
 Coverdell ESA Adjustable 5-Year Investment Certificate

Investment Amount

The minimum required investment amount may be waived if a \$50 minimum monthly investment is established, provided the monthly contributions continue until the required minimum investment is met. If automatic investments are cancelled prior to meeting the required minimum investment, you will be assessed a \$50 annual fee. Automatic contributions will be made on the 5th or 15th of every month or the first business day thereafter. If investments are rejected, this authorization may be revoked.

- 5th of month \$ _____ 15th of month \$ _____

Authorization Agreement for Automatic Debits

Attach a voided check or savings deposit ticket with this form.

This will authorize AGFinancial and/or AGCU to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the bank account indicated and further authorize AGFinancial to invest the amount indicated in the specified investment. This authorization is to remain in force until AGFinancial and/or AGCU has received written notice of its termination in such time and in such manner as to afford AGFinancial and/or AGCU and your bank a reasonable opportunity to act on it. This authorization does not change the terms of your contract.

This will authorize the bank indicated on the enclosed voided check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the investment.

AGFinancial and AGCU Information

I understand and agree that in directing you to complete this transaction, that AGFinancial and AGCU assume or incur no liability as to the authenticity of the asset purchased, the appropriateness or worthiness of the investment, or otherwise. AGFinancial's and AGCU's only responsibility is to determine if what is purchased agrees with the direction of this investment authorization and my agent's confirmation (if any). I have made my own investigation of the risks involved in making this investment and I understand those risks. I understand that I am responsible to make any necessary changes to this authorization to ensure that I do not exceed federal IRA/Coverdell ESA contribution limits, if applicable. I do hereby indemnify and hold forever harmless AGFinancial and AGCU, their respective officers, employees, directors, successors, and assigns of and from any claim which may arise or result from purchase of the investment authorized hereby. Each deposit will be credited and reported as a normal contribution for the tax year in which it is received.

Release of Custodial Account Information

I Hereby Acknowledge that:

I. **Authorization:** AGFinancial ("Trustee") and AGCU ("Custodian") are hereby authorized to release balance information to representatives of AGFinancial. I understand that this allows the representatives or successors of AGFinancial who sold me the investment in my IRA to know the status of my investment. Upon signing of this release, the Trustee may release my investment information to the AGFinancial representative on his request.

II. **Release of Liability:** I hereby release and agree to hold harmless AGFinancial and AGCU from all liability arising out of the release of all IRA or ESA information.

X

IRA Owner/Responsible Individual Signature

Printed Name

Date