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Deposit Slip

Instructions:

1. Fill out the Deposit Slip completely. Make checks payable to: Penson Financial Services, Inc. and write your account number(s) on the face of your check.
2. If you are making an IRA contribution, fill out the appropriate section completely.
3. Penson Financial Services, Inc. does not accept 3rd Party Checks, Credit card Checks, or Line of Credit Checks. A 3rd Party Check is any check drawn on an account other than that of the owner of the account serviced by Penson Financial Services, Inc. The only exceptions to this rule are Cashiers Checks and Travelers Checks. All deposits will be held for 10 business days before available to be disbursed.

Please detach here before mailing.

Penson Financial Services, Inc.

Deposit Slip

Penson Account Number: _____

Name on Account: _____

Total Deposit: \$ _____

For IRA Deposits Only

Check one:

IRA/Roth Contribution	Contribution for Tax Year: _____
SEP Contribution	Contribution from my Employer.
Simple Contribution	Contribution from my Employer.
Direct Transfer	Transferred from another firm where it was held with identical account type and/or title.
Direct Rollover	Qualifying Direct Rollover from my Employer's Plan ex. 401(k), 403(b), Profit Sharing Plan, Money Purchase Pension Plan, etc.
60 Day Rollover	The assets and account type must match as they were distributed less than 60 days ago. Account Owner attests to the following: that the funds deposited as an Irrevocable Qualifying Rollover do not contain any amounts from a Required Minimum Distribution; that these funds are being deposited within the allowable sixty-day time period; and that the Account Owner is allowed only one rollover per twelve month period. Account owner further agrees to be bound the election of this deposit as an Irrevocable Qualifying Rollover.
Roth Conversion	Deposit resulting from a Traditional IRA distribution.

Deposit Agreement

By my signature below, I authorize Penson Financial Services, Inc. to deposit the funds in the manner instructed.

Account Owners Signature: _____

Date: _____