IRA Contribution Designation Form

NOTE: To make a contribution, please complete this form and include your check. Make checks payable to Columbia Private Trust, FBO (your name), IRA. (Want to make a contribution via ACH? See our ACH For Contributions form, available at ColumbiaPrivateTrust.com/Forms.)

1. ACCOUNT OWNER INFORMATION

NAME (FIRST, MI, LAST)*	COLUMBIA PRIVATE TRUST ACCOUNT NO.

AMOUNT ENCLOSED*	DATE*	PRIMARY PHONE*
$		

2. IRA CONTRIBUTION LIMITS

TAXABLE YEAR	CONTRIBUTION LIMIT	CATCH UP LIMIT FOR AGE 50+
2024	$7,000	$1,000
2025	$7,000	$1,000

3. CONTRIBUTION INSTRUCTIONS

Credit my contributions as follows:

$ ______________________ Traditional IRA For Tax Year: ________

$ ______________________ Traditional IRA For Tax Year: ________

$ ______________________ Roth IRA For Tax Year: ________

$ ______________________ Roth IRA For Tax Year: ________

$ ______________________ Rollover (must complete Rollover Certification below)

$ ______________________ SEP IRA (contributions are reported in the year received, according to IRS regulations)

$ ______________________ Other: ________________

4. IRA ROLLOVER CERTIFICATION (REQUIRED IF YOU ARE MAKING A ROLLOVER CONTRIBUTION)

I hereby certify that this is a valid rollover Contribution that meets all IRS requirements. I have not executed another rollover from any other IRA, including Traditional, SEP, Roth or SIMPLE IRA accounts in the past 12 months. I hereby irrevocably authorize the deposit of the rollover contribution and understand that I am fully responsible for the tax consequences of this transaction.

ACCOUNT OWNER SIGNATURE*	DATE*

Upload forms to:
ColumbiaPrivateTrust.com/Upload

Fax to: 303.614.7086

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238