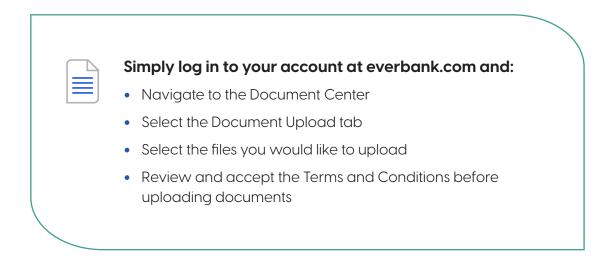


Submission instructions

Upload this form and any additional documentation so that we can move forward in the quickest and most secure way.



TRANSFER REQUEST The term IRA will be used below to mean Traditional IRA and SIMPLE IRA, unless otherwise specified.

	Individual requesting the transfer
Name (First/MI/Last)	
Date of Birth	Phone
Email Address	
Account Number	Suffix
Security Code	

Traditional IRA □ Inherited Traditional IRA

□ SIMPLE IRA □ Inherited SIMPLE IRA

PART 2. ACCEPTING IRA TRUSTEE OR CUSTODIAN

To be completed by the IRA trustee or custodian receiving the assets

Name	
Address Line 1	
Address Line 2	
City/State/ZIP	
Phone	_ Organization Number
Contact Name	

PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT IRA OWNER

RELATIONSHIP TYPE (Select one)

□ I am the current IRA owner.

□ I am the former spouse of the current IRA owner.

 \Box I am the spouse beneficiary of the original IRA owner transferring assets to my own IRA.

□ I am the beneficiary of the original IRA owner transferring assets to an inherited IRA.

PART 4. CURRENT IRA OWNER

Name (First/MI/Last)	
Social Security Number	
Account Number	Suffix

CURRENT ACCOUNT TYPE (Select one)

Traditional IRA

□ Inherited Traditional IRA

SIMPLE IRA □ Inherited SIMPLE IRA

PART 5. CURRENT IRA TRUSTEE OR CUSTODIAN

Name	
Address Line 1_	
Address Line 2_	
City /Ct+++ /710	
City/State/ZIP_	
Dhono	

PART 6. REQUIRED MINIMUM DISTRIBUTION (RMD) OR LIFE EXPECTANCY PAYMENT INSTRUCTIONS

To be completed if the recipient is the current IRA owner and is required to take an RMD this year or is a beneficiary receiving life expectancy payments

IF YOU HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR THIS YEAR, COMPLETE THE FOLLOWING. (Select one)

Distribute my RMD or life expectancy payment to me before transferring my IRA assets.

Retain my RMD or life expectancy payment amount. I understand that I am responsible for satisfying my RMD or life expectancy payment.

Include the amount that represents my RMD or life expectancy payment in the transfer. I understand that I am responsible for satisfying my RMD or life expectancy payment.

PART 7. TRANSFER INSTRUCTIONS **TRANSFER OPTIONS** (Select one) One-Time Transfer _____ Transfer Date _____ Transfer Amount Entire IRA Balance This Transfer Will Close the Current IRA Recurring Transfer _____ Transfer Start Date ____ Transfer Amount Frequency (Select one) 🗌 Monthly 🗌 Quarterly 🗌 Semi-Annually 🗌 Annually 🗍 Other ______ MAKE PAYABLE TO (If the accepting account type is an inherited IRA, the Name of Recipient must identify both the recipient and the original IRA owner.) _____ as 🗌 Trustee or 🗌 Custodian of Name of Accepting IRA Trustee or Custodian IRA Name of Recipient ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.) Asset Description Amount to be Transferred Special Instructions

PART 8. SIGNATURES

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I authorize the transfer of these IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

Λ	
Signature of Recipient	Date (mm/dd/yyyy)
X	
Notary Public/Signature Guarantee (If required by the trustee or custodian)	Date (mm/dd/yyyy)
X	
Authorized Signature of Accepting Trustee or Custodian	Date (mm/dd/yyyy)