

Submission instructions

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TRANSFER REQUEST

The term **IRA** will be used below to mean **Traditional IRA**, **Roth IRA**, and **SIMPLE IRA**, unless otherwise specified. **IRA assets** may only be transferred to another **IRA** of the **same type**, unless the **IRA** is a **SIMPLE IRA** that meets a two-year requirement. Only **SIMPLE IRAs** that have been open for two years from the date of the first deposit may be transferred to a **Traditional IRA** or receive transfers from a **Traditional IRA**.

PART 1. RECIPIENT*Individual requesting the transfer*

Name (First/MI/Last) _____

Social Security Number _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

Security Code _____

ACCEPTING ACCOUNT TYPE (Select one)

Traditional IRA SIMPLE IRA
 Inherited Traditional IRA Inherited SIMPLE IRA
 Roth IRA
 Inherited Roth IRA

PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT IRA OWNER**RELATIONSHIP TYPE** (Select one)

I am the current IRA owner or inherited IRA owner.
 I am the former spouse of the current IRA owner.
 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 INFORMATION**CURRENT IRA OR INHERITED IRA OWNER**

Name (First/MI/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one)

Traditional IRA SIMPLE IRA
 Inherited Traditional IRA Inherited SIMPLE IRA
 Roth IRA
 Inherited Roth IRA

CURRENT IRA TRUSTEE OR CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 5. REQUIRED MINIMUM DISTRIBUTION (RMD) OR LIFE EXPECTANCY PAYMENT INSTRUCTIONS*To be completed if the recipient is required to take an RMD or life expectancy payment this year*

I have already taken my RMD or life expectancy payment for this year.

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.

Name of Recipient _____, Account Number _____

PART 6. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS (Select and complete one option)

Option 1: One-Time Transfer

Transfer Date _____

Transfer Amount (Select one)

Entire IRA Balance (Estimated transfer amount \$ _____)

This Transfer Will Close the Current IRA

Specific Amount \$ _____

_____% (less than 100%) of Current IRA Balance

(Estimated transfer amount \$ _____)

Option 2: Recurring Transfer

Transfer Start Date _____

Frequency (Select one)

Monthly Quarterly Semi-Annually Annually

Other _____

Transfer Amount (Select one)

Specific Amount \$ _____

_____% of Current IRA Balance

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.)

Name of Accepting IRA Trustee or Custodian

as Trustee or Custodian of

Name of Recipient (as beneficiary of original owner, if inherited IRA)

IRA

Accepting Account Type

(Traditional, Inherited Traditional, Roth, Inherited Roth, SIMPLE, or Inherited SIMPLE)

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

ADDITIONAL INSTRUCTIONS (To be completed by the IRA trustee or custodian receiving the assets.)

PART 7. SIGNATURES

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 IRAs when transferring to a Traditional IRA or receiving transfers from a Traditional IRA. 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.

X

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)

CONTRIBUTION SUMMARY

This section is for optional, internal use by the accepting trustee or custodian to summarize the receipt and contribution of the assets that were requested on this form.

Amount Received _____

Contribution Date _____

Deposit Made By _____