

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 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 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.)

_____ as ☐ Trustee or ☐ Custodian of _____ IRA
Name of Accepting IRA Trustee or Custodian

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