

Submission instructions

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



Simply log in to your account at everbank.com and:

- Navigate to the Document Center
- Select the Document Upload tab
- Select the files you would like to upload
- Review and accept the Terms and Conditions before uploading documents

PART 1. RECIPIENT

Individual requesting the transfer

Name (First/MI/Last)
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

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.
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 SIMPLE IRA
Inherited Traditional IRA Inherited SIMPLE IRA

PART 5. CURRENT IRA TRUSTEE OR CUSTODIAN

Name
Address Line 1
Address Line 2
City/State/ZIP
Phone

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.

Name of Recipient _____, Account Number _____

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)* **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

Entire IRA Balance This Transfer Will Close the Current IRA

 Recurring Transfer

Transfer Amount _____ Transfer Start Date _____

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

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.

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)