

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:

- Select the **Actions** tab
- In the TIAA Documents section, select **Upload documents**
- Select **Files** you would like to upload
- Select **Folder** to upload files to and follow directions



TRANSFER REQUEST



PART 1. RECIPIENT

Individual requesting the transfer

Name (First/MI/Last) _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

ACCEPTING ACCOUNT TYPE (Select one)

☐ Roth IRA

☐ Inherited Roth IRA

PART 2. ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN

To be completed by the Roth 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 ROTH IRA OWNER

RELATIONSHIP TYPE (Select one)

☐ I am the current Roth IRA owner.

☐ I am the former spouse of the current Roth IRA owner.

☐ I am the spouse beneficiary of the original Roth IRA owner transferring assets to my own Roth IRA.

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

PART 4. CURRENT ROTH IRA OWNER

Name (First/MI/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one)

☐ Roth IRA

☐ Inherited Roth IRA

PART 5. CURRENT ROTH IRA TRUSTEE OR CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 6. LIFE EXPECTANCY PAYMENT INSTRUCTIONS

IF YOU ARE A BENEFICIARY RECEIVING LIFE EXPECTANCY PAYMENTS, COMPLETE THE FOLLOWING.

☐ Distribute my life expectancy payment to me before transferring the Roth IRA assets.

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

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

Name of Recipient _____, Account Number _____

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)*

☐ **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

☐ Entire Roth IRA Balance ☐ This Transfer Will Close the Current Roth IRA

☐ **Recurring Transfer**

Transfer Amount _____ Transfer Start Date _____

Frequency *(Select one)* ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

MAKE PAYABLE TO *(If the accepting IRA type is an inherited Roth IRA, the Name of Recipient must identify both the recipient and the original Roth IRA owner.)*

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

_____ Roth 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 Roth IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Roth IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. 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)