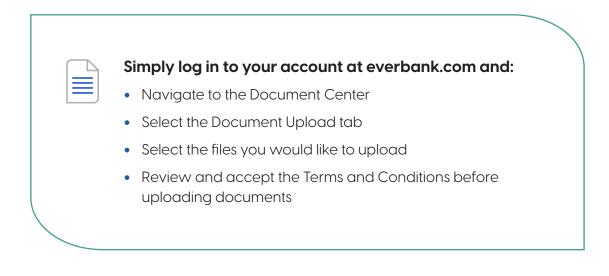


Submission instructions

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



ROTH **RA** TRANSFER REQUEST

EverBank

PART 1. RECIPIENT	PART 2. ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN
Individual requesting the transfer	To be completed by the Roth IRA trustee or custodian receiving the assets
Name (First/MI/Last)	
Date of Birth Phone	Name
Email Address	Address Line 1
Account Number Suffix	Address Line 2
Security Code	City/State/ZIP
	Phone Organization Number
ACCEPTING ACCOUNT TYPE (Select one)	Contact Name

Roth IRA

Inherited Roth IRA

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.

 \Box 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_____ _____ Suffix_____ Account Number_____

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

To be completed if the recipient is a beneficiary receiving life expectancy payments

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

 \Box 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.

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS (Select one)		
One-Time Transfer Transfer	Transfer Data	
	Transfer Date ransfer Will Close the Current Roth IRA	
	ansier will close the current Roth IRA	
Recurring Transfer		
	Transfer Start Date	
Frequency (Select one) Monthly	□ Quarterly □ Semi-Annually □ Annually	ally 🗌 Other
MAKE PAYABLE TO (If the accepting II IRA owner.)	A type is an inherited Roth IRA, the Name of	Recipient must identify both the recipient and the original Roth
		as \Box Trustee or \Box Custodian of
Name	of Accepting Roth IRA Trustee or Custodian	
	Name of Recipient	Roth IRA
	Name of Recipient	
ASSET HANDLING (Investments identi)	ied below will be liquidated immediately unl	less otherwise specified in the Special Instructions section.)
Asset Description	Amount to be Transferred	Special Instructions
PART 8. SIGNATURES		
for determining that this Roth IRA transfe	r qualifies under the rules that apply to such may result from this transfer and I agree that	ed by me is true and accurate. I understand that I am responsibl transfers and agree to comply with those rules. I assume the trustee or custodian is not responsible for any consequence
The trustee or custodian signing below a	grees to accept the assets being transferred.	
х		
Signature of Recipient		Date (mm/dd/yyyy)
х		
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)