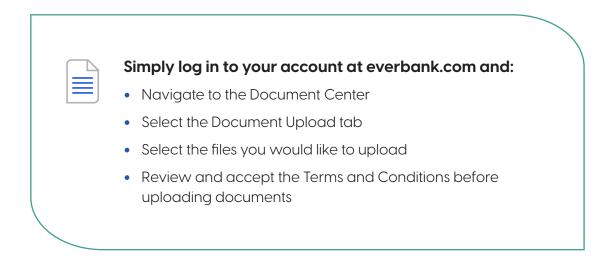


Submission instructions

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)