

# IRA TRANSFER REQUEST

*This form is not designed to be used to transfer, convert or recharacterize assets from a Traditional IRA or SIMPLE IRA to a Roth IRA.*

IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)			CURRENT IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Social Security Number	Date of Birth	Home Phone	IRA Account Identification (Transferring IRA)	Type of IRA (Transferring IRA)	Trustee's or Custodian's Phone Number
				<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA	

<b>BENEFICIARY (or Former Spouse) INFORMATION</b> <i>This section should be completed by a beneficiary upon the IRA holder's death or a former spouse as a result of a property settlement. DO NOT use this section to name or change your beneficiary(ies).</i>		<b>TRANSFER INSTRUCTIONS</b>	
Beneficiary's (or Former Spouse's) Name and Address		Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the IRA identified above in the following manner. Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	
Social Security Number	Date of Birth	Please make a check payable as follows: _____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian (Name of Accepting Organization) of the _____ IRA. (Name of IRA Holder)	
Phone	Relationship	This transfer should be placed in <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA. This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the IRA. This transfer deposit <input type="checkbox"/> should <input type="checkbox"/> should not be placed in a conduit IRA.	

ASSET HANDLING INSTRUCTIONS					
Asset Description	Quantity Or Amount In IRA	Quantity Or Amount To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)</b> <i>Complete if applicable.</i>	
I authorize the Trustee or Custodian named above to	<input type="checkbox"/> distribute my RMD to me prior to transferring my IRA assets, <input type="checkbox"/> segregate and retain my RMD amount, or <input type="checkbox"/> include the amount that represents my RMD in the transfer .

<b>SIGNATURE OF IRA HOLDER, BENEFICIARY OR FORMER SPOUSE</b>	<b>ACCEPTING IRA TRUSTEE OR CUSTODIAN</b>
I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.  I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. Further, I understand that a transfer from a SIMPLE IRA to a SIMPLE IRA on a more frequent basis than monthly from a Designated Financial Institution, or a change in my transfer request outside my election period, may result in costs or penalties. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.  _____ (IRA Holder, Beneficiary or Former Spouse)  _____ (Notary Public/Signature Guarantee)	Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.  Account Identification of Accepting IRA _____  _____  _____  _____  _____ (Authorized Signature of New Trustee or Custodian)
_____ (Date)	_____ (Date)