IRA DIRECT ROLLOVER REQUEST

The term IRA will be used below to mean Traditional IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified. This form is to be used to request a direct movement of assets from an employer-sponsored retirement plan to an IRA. If your plan contains designated Roth account assets, these assets may only be rolled over to a Roth IRA or an inherited Roth IRA.

PART 1. RECIPIENT

Individual requesting the rollover

Name *(First/MI/Last)*__________________________________

Social Security Number__________________________________

Date of Birth________________ Phone________________

Email Address__________________________________

Account Number________________________ Suffix_____

ACCEPTING ACCOUNT TYPE *(Select one)*

☐ Traditional IRA ☐ Roth IRA ☐ SIMPLE IRA

☐ Inherited Traditional IRA ☐ Inherited Roth 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. RECIPIENT RELATIONSHIP TO PLAN PARTICIPANT

RELATIONSHIP TYPE *(Select one)*

☐ I am the plan participant.

☐ I am the former spouse of the plan participant.

☐ I am the spouse beneficiary of the plan participant directly rolling over to my own IRA.

☐ I am a spouse, nonspouse, or see-through trust beneficiary of the plan participant directly rolling over to an inherited Traditional or Roth IRA.

PART 4. PLAN INFORMATION

PLAN PARTICIPANT

Name *(First/MI/Last)*__________________________________

Social Security Number__________________________________

EMPLOYER

Name__________________________________

Address__________________________________

City/State/ZIP__________________________________

Phone__________________________________

Plan Name__________________________________

PART 5. ROLLOVER INSTRUCTIONS

ROLLOVER AMOUNT *(Select one)*

☐ Entire Plan Balance (Estimated rollover amount $____________)

☐ Specific Amount $________________

☐ ________% *(less than 100%)* of Current Plan Balance (Estimated rollover amount $____________)

MAKE PAYABLE TO *(If the accepting account type is an inherited IRA, the Name of Recipient must identify the recipient and the plan participant.)*

__________________________________ as ☐ Trustee or ☐ Custodian of

Name of Accepting Organization

__________________________ __________________________ IRA

Name of Recipient (as beneficiary of original owner, if inherited IRA) — Accepting Account Type *(Traditional, Inherited Traditional, Roth, Inherited Roth, or SIMPLE)*

ASSET HANDLING *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Rolled Over	Special Instructions

ADDITIONAL INSTRUCTIONS *(To be completed by the IRA trustee or custodian receiving the assets.)*

____

____

Name of Recipient____________________, Account Number________________

PART 6. SIGNATURES

I authorize the direct rollover of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this direct rollover qualifies under the rules that apply to such direct rollovers and agree to comply with those rules. I assume responsibility for any consequences that may result from this direct rollover and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this direct rollover.

The trustee or custodian signing below agrees to accept the assets being rolled over.

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)*

CONTRIBUTION SUMMARY

This section is for optional, internal use by the accepting trustee or custodian to summarize the receipt and contribution of the assets that were requested on this form.

Amount Received ________________

Contribution Date ________________

Deposit Made By ________________