

IRA TRANSFER OR DIRECT ROLLOVER FORM



Use this form to complete an IRA Transfer or a Direct Rollover from an Employer's Plan into an IRA.

Please return this completed form (along with your IRA Application or Adoption Agreement, if you are opening a new account) to your Administrator. This form instructs the Custodian or Trustee of your present IRA Employer Plan to transfer your assets to your self directed account with us. We will arrange for the transfer on your behalf.

Name of Administrator (Please fill in from IRA Application or Adoption Agreement)

The name of the company that performs record keeping and administration of your plan. For "Do Your Own" plans, you are the administrator.

Complete part 1 or Part 2. For multiple transfers or rollovers, please use a separate form for each.

Part 1 – IRA TRANSFER

I am transferring the following type of IRA (check one): Traditional Roth SEP SIMPLE Education

Name (Your name as it appears in your Plan)

Social Security Number

Address

City, State and Zip Code

Current Custodian or Trustee (where your IRA is presently)

Note: Your request will be forwarded to the branch location which handles IRA transactions.

Name of Institution

Account Number

Address

City, State and Zip Code

Telephone Number

Contact Name

Part 2 – DIRECT ROLLOVER FROM AN EMPLOYER'S PLAN

Participant Name (Your name as it appears on your account statement.)

Social Security Number

Address

City, State and Zip Code

Name of Distributing Plan

Employer Name

Address

City, State and Zip Code

Telephone Number

Contact Name at Employer

Part 3 – ASSET LIQUIDATION

To the Custodian or Trustee of my existing IRA or Qualified Plan:

This is a Complete transfer or rollover to my Self Directed IRA.

- Please liquidate all assets in my account and send the proceeds payable to _____ (Administrator will complete) FBO (my name) OR
- Please transfer all assets including cash in kind to _____ (Name of Administrator) FBO (my name) (Attach your most recent statements from your prior trustee or custodian. Delivery instructions for DTC eligible securities are enclosed.) OR
- Please wire transfer cash per delivery instructions attached.

This is a Partial transfer or rollover to my Self Directed IRA.

- Send \$ _____ in cash to _____ (Administrator will complete) FBO (my name) OR
- Send the following assets described below to _____ (Administrator will complete) FBO (my name)
(Attach your most recent statements from your prior trustee or custodian. Delivery instructions for DTC eligible securities are enclosed.)

Asset Description	Indicate amount (do not use percentages)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Delivery Instructions are attached.

Part 4 – SIGNATURE FOR IRA TRANSFER OR DIRECT ROLLOVER OF EMPLOYER’S PLAN

Authorizations

1. I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Authorization and acknowledge having established an Self Directed IRA through execution of the _____ (Administrator will complete) IRA Application.
2. I understand the rules and conditions applicable to (check applicable transactions) IRA Transfer Direct Rollover
3. I qualify for the IRA Transfer Direct Rollover of assets listed in the Asset Liquidation PART 3 above and authorize such transactions.
4. This IRA Transfer Direct Rollover should should not be placed in a Conduit IRA.
5. If this is a Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into an IRA.
6. If this is a Direct Rollover, I assume full responsibility for this Direct Rollover transaction and will not hold the Plan Administrator, Agent for Custodian, Trustee or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result.
7. I understand that no one at Entrust or any of its licensees have authority to agree to anything different than my foregoing understandings of Entrust policy.
8. If this is a Direct Rollover, I irrevocably designate this contribution of assets with a value of \$ _____ as a rollover contribution.

Your Signature _____ Date _____

FOR ADMINISTRATOR’S USE ONLY: Type of IRA (check one): Traditional Roth SEP SIMPLE Education

Part 5 – ACCEPTANCE OF RECEIVING IRA CUSTODIAN

_____, Custodian, hereby agrees to accept the transfer direct rollover described above and upon receipt will apply the proceeds to the IRA established on behalf of the individual.

Authorized Signature _____ Date _____

Name of Accepting Organization _____

Address _____

Account # _____

* For Do Your Own Individual (k)'s, you are the administrator. (Use your plan name.)