

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 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 qualified trust beneficiary of the plan participant directly rolling over to an inherited Traditional or 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 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 _____ ☐ Entire Plan Balance

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

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 |
|-------------------|--------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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)