

# ROTH IRA

## ROTH IRA TRANSFER REQUEST

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>RECIPIENT'S NAME AND ADDRESS</b><br><i>(Individual requesting the transfer)</i> |  |   | <b>CURRENT ROTH IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS</b>  |  |  |
|  |  |   |  |  |  |
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|  |  |   |  |  |  |
|  |  |   | <b>Roth IRA Account Identification</b><br><i>(Transferring Roth IRA)</i>                                     |  | <b>Trustee's or Custodian's</b><br><b>Phone Number</b>             |
|  |  |   |  |  |  |
| <b>Recipient's</b><br><b>Social Security Number</b>                                | <b>Recipient's</b><br><b>Date of Birth</b> | <b>Recipient's</b><br><b>Home Phone</b> | <b>Original Roth IRA Holder's Name</b><br><i>Complete only if recipient is not original Roth IRA holder.</i> |  | <b>Original Roth IRA Holder's</b><br><b>Social Security Number</b> |
|  |  |   |  |  |  |

### TRANSFER INSTRUCTIONS

Directly transfer  all or  part of the Roth IRA identified above in the manner listed below.  
 Frequency:  One-time  Monthly  Quarterly  Annually  Other \_\_\_\_\_  
 This transfer  will  will not close the Roth IRA.  
 Please make a check payable as follows. **NOTE:** Complete one of the following applicable options. If more than one option applies, complete a separate form per transaction.

|  |  |
|--|--|
| <b>OPTION ONE</b> <b>Roth IRA Holder Transfer</b><br>_____<br><small>(Name of Accepting Organization)</small><br>as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____<br><small>(Name of Roth IRA Holder)</small> Roth IRA.         | <b>OPTION TWO</b> <b>Spouse Beneficiary Transfer to Own Roth IRA</b><br>_____<br><small>(Name of Accepting Organization)</small><br>as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____<br><small>(Name of Spouse Beneficiary)</small> Roth IRA.   |
| <b>OPTION THREE</b> <b>Roth IRA Transfer Due to Divorce</b><br>_____<br><small>(Name of Accepting Organization)</small><br>as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____<br><small>(Name of Former Spouse)</small> Roth IRA. | <b>OPTION FOUR</b> <b>Inherited Roth IRA Transfer</b><br>_____<br><small>(Name of Accepting Organization)</small><br>as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____,<br><small>(Name of Inherited Roth IRA Owner)</small> as beneficiary of<br>_____<br><small>(Name of Deceased Roth IRA Holder)</small> Roth IRA. |

### ASSET HANDLING INSTRUCTIONS

| Asset Description | Quantity or Amount in Roth 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"/> |

### BENEFICIARY TRANSFER INSTRUCTIONS FOR LIFE EXPECTANCY PAYMENT

*Complete this section, if applicable, only if you are the beneficiary of a Roth IRA.*

I authorize the Trustee or Custodian named above to  distribute my life expectancy payment to me prior to transferring the Roth IRA assets,  segregate and retain my life expectancy payment amount, or  include the amount that represents my life expectancy payment in the transfer.

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|--|---|--|--|--|--|
| <p style="text-align:center;"><b>SIGNATURE</b></p> <p>I authorize the transfer of the Roth 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.</p> <p>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. 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.</p> <p>_____<br/><small>(Recipient)</small></p> <p>_____<br/><small>(Notary Public/Signature Guarantee)</small></p> <p>_____<br/><small>(Date)</small></p> <p>_____<br/><small>(Date)</small></p> | <p style="text-align:center;"><b>ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN</b></p> <p>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.</p> <p>Account Identification of Accepting Roth IRA _____</p> <table border="1" style="width:100%; height: 40px; margin: 10px 0;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <p>_____<br/><small>(Authorized Signature of New Trustee or Custodian)</small></p> <p>_____<br/><small>(Date)</small></p> |  |  |  |  |
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