

ROTH IRA

ROTH IRA TRANSFER REQUEST

ROTH IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)		
Social Security Number	Date of Birth	Home Phone

CURRENT ROTH IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS	
Roth IRA Account Identification	Trustee's or Custodian's Phone Number

BENEFICIARY (or Former Spouse) INFORMATION	
Beneficiary's (or Former Spouse's) Name and Address	
Social Security Number	Date of Birth
Phone	Relationship

TRANSFER INSTRUCTIONS
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the Roth IRA identified above in the following manner.
This is a <input type="checkbox"/> one-time request or <input type="checkbox"/> standing request to transfer the amount elected:
<input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually
<input type="checkbox"/> other: _____
Please make a check payable as follows:
_____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian
of the _____ (Name of Accepting Organization) _____ (Roth IRA Holder's Name) Roth IRA.
This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the Roth IRA.

ASSET LIQUIDATION INSTRUCTIONS					
Asset Description	Quantity In Roth IRA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BENEFICIARY TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)	
I authorize the Trustee or Custodian named above to	<input type="checkbox"/> distribute my RMD to me prior to transferring the Roth 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.

SIGNATURE OF ROTH IRA HOLDER, BENEFICIARY OR FORMER SPOUSE	
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.	
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 my assets.	
_____ (Roth IRA Holder's, Beneficiary's or Former Spouse's Signature)	_____ (Date)
_____ (Notary Public/Signature Guarantee)	_____ (Date)

ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN													
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 Roth IRA _____													
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_____ (Authorized Signature of New Trustee or Custodian)	_____ (Date)												