IRA: □ Traditional □ SEP □ SIMPLE

TRANSFER REQUEST



Name of Financial Organization

Current IRA Trustee/Custodian	Acceptance		
		By the authorized signature below, the successo (receiving) IRA Trustee/Custodian agrees to accept the transferred assets and to deposit then	
Name			
Address	into an IRS-approved IF		
City/State/Zip			
IRA Owner Information			
IXA Owner Information			
Name	Social Security Number	Date of Birth	
Address	Home Phone Number	Daytime Phone Number	
City/State/Zip			
Transfer Authorization to Current IRA Trustee/	Custodian		
lease transfer the following Traditional SEP SIM	IPLE IRA assets:		
the entire balance	ш	L	
□ only the balance in these account(s): # □ other (specify)			
lease transfer the assets \square immediately* \square at maturity \square	on (specify date):	*	
I understand that penalties for early withdrawal may apply.			
ransfer to:	, for the benefit of	, IR.	
ransfer Method:	Name of IKA Owier		
Mail check to:			
-	y/State/Zip Att	ention	
☐ Wire funds to:			
Routing Number of Receiving IRA Trustee/Custodian Account Number	Account Title		
IOTE: Please return one copy of this form to the receiving IRA	Trustee/Custodian.		
Signatures			
certify that, to the best of my knowledge, the information provid	led on this form is true and correct and may	he relied on by the Truste	
Custodian. The Trustee/Custodian has not provided me with any	•	•	
will not hold the Trustee/Custodian liable for any adverse conse		-	
Signature of IRA Owner Date	Authorized Signature of Receiving IRA Trustee/	Custodian Date	