

ROTH IRA TRANSFER REQUEST

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

TRANSFER INSTRUCTIONS			
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the Roth IRA identified above in the manner listed below. Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____ This transfer <input type="checkbox"/> will <input type="checkbox"/> 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.			
OPTION ONE	Roth IRA Holder Transfer	OPTION TWO	Spouse Beneficiary Transfer to Own Roth IRA
_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of Roth IRA Holder) Roth IRA.		_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of Spouse Beneficiary) Roth IRA.	
OPTION THREE	Roth IRA Transfer Due to Divorce	OPTION FOUR	Inherited Roth IRA Transfer
_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of Former Spouse) Roth IRA.		_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____, as beneficiary of (Name of Inherited Roth IRA Owner) _____ (Name of Deceased Roth IRA Holder) 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	
<i>Complete this section, if applicable, only if you are the beneficiary of a Roth IRA.</i>	
I authorize the Trustee or Custodian named above to	<input type="checkbox"/> distribute my life expectancy payment to me prior to transferring the Roth IRA assets, <input type="checkbox"/> segregate and retain my life expectancy payment amount, or <input type="checkbox"/> include the amount that represents my life expectancy payment in the transfer.

SIGNATURE
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 these assets and I agree that the Trustee or Custodian shall in no way be held responsible.
_____ (Recipient) _____ (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 _____ _____ _____ _____
_____ (Authorized Signature of New Trustee or Custodian) _____ (Date)