ROTH IRA

ROTH IRA TRANSFER REQUEST

RECIPIENT'S NAME AND ADDRESS *(Individual requesting the transfer)*			

CURRENT ROTH IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Roth IRA Account Identification (Transferring Roth IRA)	**Trustee's or Custodian's Phone Number**	
Original Roth IRA Holder's Name *Complete only if recipient is not original Roth IRA holder.*		**Original Roth IRA Holder's Social Security Number**

Recipient's Social Security Number	Recipient's Date of Birth	Recipient's Home Phone

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.*

OPTION ONE — Roth IRA Holder Transfer

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

_____ Roth IRA.
(Name of Roth IRA Holder)

OPTION TWO — Spouse Beneficiary Transfer to Own Roth IRA

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

_____ Roth IRA.
(Name of Spouse Beneficiary)

OPTION THREE — Roth IRA Transfer Due to Divorce

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

_____ Roth IRA.
(Name of Former Spouse)

OPTION FOUR — Inherited Roth IRA Transfer

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

_____, as beneficiary of
(Name of Inherited Roth IRA Owner)

_____ Roth IRA.
(Name of Deceased Roth IRA Holder)

ASSET HANDLING INSTRUCTIONS

Asset Description	Quantity or Amount in Roth IRA	Quantity or Amount to be Transferred	Liquidate Immediately	Liquidate at Maturity
1.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐

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.

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 _____

Delta Community Credit Union		
Attn: IRA Department		
1025 Virginia Ave		
Atlanta	GA	30354

_____ (Authorized Signature of New Trustee or Custodian) _____ (Date)

©2009 Ascensus, Inc., Brainerd, MN