TRADITIONAL & SIMPLE IRA

IRA TRANSFER REQUEST

RECIPIENT'S NAME AND ADDRESS *(Individual requesting the transfer)*	CURRENT IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS

IRA Account Identification (Transferring IRA)	Type of IRA (Transferring IRA)	Trustee's or Custodian's Phone Number
	☐ Traditional IRA ☐ SIMPLE IRA	

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

Original IRA Holder's Name *Complete only if recipient is not original IRA holder.*	Original IRA Holder's Social Security Number

TRANSFER INSTRUCTIONS

Directly transfer ☐ all or ☐ part of the IRA identified above in the manner listed below.

Frequency: ☐ One-time ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other _____

This transfer should be placed in ☐ Traditional IRA ☐ SIMPLE IRA.

This transfer ☐ will ☐ will not close the 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 — IRA Holder Transfer

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

_____ IRA.
(Name of IRA Holder)

OPTION TWO — Spouse Beneficiary Transfer to Own IRA

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

_____ IRA.
(Name of Spouse Beneficiary)

OPTION THREE — IRA Transfer Due to Divorce

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

_____ IRA.
(Name of Former Spouse)

OPTION FOUR — Inherited IRA Transfer

_____
(Name of Accepting Organization)

as ☐ Trustee ☐ Custodian of the

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

_____ IRA.
(Name of Deceased IRA Holder)

ASSET HANDLING INSTRUCTIONS

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

TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD) OR LIFE EXPECTANCY PAYMENT

Complete this section if applicable, only if you are an IRA holder age 70½ or older or the beneficiary of an IRA.

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

SIGNATURE

I authorize the transfer of the 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. Further, I understand that a transfer from a SIMPLE IRA to a SIMPLE IRA on a more frequent basis than monthly from a Designated Financial Institution, or a change in my transfer request outside my election period, may result in costs or penalties. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. 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 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 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