

# IRA TRANSFER REQUEST

The term IRA will be used below to mean Traditional IRA and SIMPLE IRA, unless otherwise specified.

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## PART 1. RECIPIENT

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*Individual requesting the transfer*

Name (First/MI/Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

### ACCEPTING ACCOUNT TYPE *(Select one)*

- Traditional IRA                       SIMPLE IRA  
 Inherited Traditional IRA         Inherited SIMPLE IRA

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## PART 2. ACCEPTING IRA TRUSTEE OR CUSTODIAN

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*To be completed by the IRA trustee or custodian receiving the assets*

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Organization Number \_\_\_\_\_  
Contact Name \_\_\_\_\_

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## PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT IRA OWNER

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### RELATIONSHIP TYPE *(Select one)*

- I am the current IRA owner.  
 I am the former spouse of the current IRA owner.  
 I am the spouse beneficiary of the original IRA owner transferring assets to my own IRA.  
 I am the beneficiary of the original IRA owner transferring assets to an inherited IRA.

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## PART 4. CURRENT IRA OWNER

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Name (First/MI/Last) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

### CURRENT ACCOUNT TYPE *(Select one)*

- Traditional IRA                       SIMPLE IRA  
 Inherited Traditional IRA         Inherited SIMPLE IRA

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## PART 5. CURRENT IRA TRUSTEE OR CUSTODIAN

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Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

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## PART 6. REQUIRED MINIMUM DISTRIBUTION (RMD) OR LIFE EXPECTANCY PAYMENT INSTRUCTIONS

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**IF YOU ARE 70½ OR OLDER THIS YEAR OR ARE A BENEFICIARY RECEIVING LIFE EXPECTANCY PAYMENTS, AND HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR THIS YEAR, COMPLETE THE FOLLOWING.**

- Distribute my RMD or life expectancy payment to me before transferring my IRA assets.  
 Retain my RMD or life expectancy payment amount. I understand that I am responsible for satisfying my RMD or life expectancy payment.  
 Include the amount that represents my RMD or life expectancy payment in the transfer. I understand that I am responsible for satisfying my RMD or life expectancy payment.

Name of Recipient \_\_\_\_\_, Account Number \_\_\_\_\_

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**PART 7. TRANSFER INSTRUCTIONS**

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**TRANSFER OPTIONS** *(Select one)* **One-Time Transfer**

Transfer Amount \_\_\_\_\_ Transfer Date \_\_\_\_\_

Entire IRA Balance  This Transfer Will Close the Current IRA

 **Recurring Transfer**

Transfer Amount \_\_\_\_\_ Transfer Start Date \_\_\_\_\_

Frequency *(Select one)*  Monthly  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

**MAKE PAYABLE TO** *(If the accepting account type is an inherited IRA, the Name of Recipient must identify both the recipient and the original IRA owner.)*

\_\_\_\_\_ as  Trustee or  Custodian of  
Name of Accepting IRA Trustee or Custodian

\_\_\_\_\_ IRA  
Name of Recipient

**ASSET HANDLING** *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**PART 8. SIGNATURES**

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I authorize the transfer of these IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

**X** \_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Notary Public/Signature Guarantee *(If required by the trustee or custodian)*

\_\_\_\_\_  
Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Authorized Signature of Accepting Trustee or Custodian

\_\_\_\_\_  
Date (mm/dd/yyyy)