

IRA TRANSFER REQUEST

RECIPIENT'S NAME AND ADDRESS <i>(Individual requesting the transfer)</i>			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	
		<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA			
Recipient's Social Security Number			Original IRA Holder's Name <i>Complete only if recipient is not original IRA holder.</i>		
Recipient's Date of Birth			Original IRA Holder's Social Security Number		
Recipient's Home Phone					

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	OPTION TWO
IRA Holder Transfer	Spouse Beneficiary Transfer to Own IRA
_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of IRA Holder) IRA.	_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of Spouse Beneficiary) IRA.
OPTION THREE	OPTION FOUR
IRA Transfer Due to Divorce	Inherited IRA Transfer
_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of Former Spouse) IRA.	_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____, as beneficiary of (Name of Inherited IRA Owner) _____ (Name of Deceased IRA Holder) IRA.


ASSET HANDLING INSTRUCTIONS

Asset Description	Quantity or Amount in 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"/>

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	ACCEPTING IRA TRUSTEE OR CUSTODIAN
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.	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 _____ <div style="text-align: center;">  PO Box 10003 Manhattan Beach, CA 90267 </div>
_____ (Recipient) _____ (Date)	_____ (Authorized Signature of New Trustee or Custodian) _____ (Date)
_____ (Notary Public/Signature Guarantee) _____ (Date)	