

ROTH IRA TRANSFER REQUEST

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ROTH IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)				CURRENT ROTH IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS					
Social Security Number	ity Number Date of Birth Home Phone			Roth IRA Account Identification (Transferring Roth IRA) Trustee's or Custodian's Phone Number					
BENEFICIARY (or Former Spouse) INFORMATION This section should be completed by a beneficiary upon the Roth IRA holder's death or a former spouse as a result of a property settlement. DO NOT use this section to name or change your beneficiary(ies).				TRANSFER INSTRUCTIONS Directly transfer all or part of the Roth IRA identified above in the following manner.					
	ormer Spouse's) Nar		Frequei	Mon Quan Annu Othe	thly terly ually				
Social Security Number Date of Birth Phone Relationship				as					
Asset Description 1. 2.				INSTRUCTIO ty Or Amount Roth IRA		Liquidate Immediately	Liquidate at Maturity	Transfer In Kind	
3. 4.									
I authorize the Trustee or	Com	segregate	<i>ble, only ij</i> my RMD and retair	f you are the ber to me prior to to my RMD amo	neficiary of a Roth IRA.	A assets,			
SIGNATURE OF ROTH IRA HOLDER, BENEFICIARY OR FORMER SPOUSE				ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN					
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				by above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred. Account Identification of Accepting Roth IRA					
these assets and I agree that the Trustee or Custodian shall in no way be held respon-									
(Notary Public/Signature Guarantee) (Date)				(Authorized Signature of New Trustee or Custodian) (Date)					