

I. Personal Information All information is required.

Legal Name _____ IRA Innovations Account Type and # _____

Legal Address (no P. O. Box allowed) _____

City, State, Zip _____

Date of birth (MM/DD/YYYY)

Social Security Number (Required)

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Home phone: _____ Fax: _____ Cell: _____

2. Name of Resigning Custodian/Sponsor

Company Name _____ Account # _____

Legal Address (no P. O. Box allowed) _____

City, State, Zip _____

Contact Name: _____ Contact phone: _____

3. Type of Plan You Are Rolling Over From

Traditional
 ROTH
 SEP
 SIMPLE
 HSA
 401K
 Other _____

4. Verify that you are eligible to perform this transaction - select one.

I am an eligible person to perform this transaction: (Select one):
 Plan participant
 Spouse beneficiary of account
 Non-spouse beneficiary of account
 Ex-Spouse of account due to divorce/legal separation
 Responsible individual

5. Rollover Instructions

To Rollover CASH:

Rollover Amount: \$ _____

By **CHECK** - Make check payable to IRA INNOVATIONS, LLC as agent for Custodian FBO _____ [your name]
 By **WIRE** - Please contact our office for wiring instructions
 IRA # _____
 Please allow one business day for wires to clear.

Please allow five business days for checks clear.

To Rollover IN-KIND ASSETS:

Please complete the section below and contact our office regarding the re-registration of your asset.

Asset Description: _____ Amount: _____

Asset Description: _____ Amount: _____

6. Signature Please print this form first, then sign and mail the document to your IRA Innovations office. Please note: Your resigning Custodian may require additional documentation. Please read the following statement carefully

IRA Innovations, L.L.C. ("Administrator") performs record keeping and administration duties in connection with Account holder's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account holder's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and conditions of the Account Application are incorporated herein. I hereby agree to the terms and conditions set forth in this Rollover Certification and acknowledge having established an Account through execution of the Account Application. I understand the rules and conditions applicable to a **(check one)** Rollover Direct Rollover, I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-directed account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold Administrator or Custodian of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Administrator or any of its licensees or franchisees has authority to agree to anything different as set forth herein. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of \$ _____ as a rollover contribution. By signing this form, I certify that I am completing this rollover within 60 calendar days following the day I received the assets. I have not performed a rollover from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution. If I am a non-spouse beneficiary, this is a direct rollover from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

Account holder's Signature: _____ Date: _____