

*For office use only:*  
Date: \_\_\_\_\_

**I. Personal Information** All information is required.

Legal Name \_\_\_\_\_ IRA Innovations Account # & Type \_\_\_\_\_

Address \_\_\_\_\_ IRA Innovations Account (ROTH) # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number (Required) \_\_\_\_\_ Home phone: \_\_\_\_\_

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**Conversion Information**

In-kind (*A qualified third party appraisal is required for all In-Kind conversions*)  Cash

**Choose one of the following:**

New Conversion: *This is a conversion to a NEW Roth IRA. (An IRA Innovations account application must be attached.)*

Existing Roth IRA: *This is a conversion to an EXISTING Roth IRA.*

**Choose one of the following:**

Full Conversion: *Convert all assets and cash held in the above account.*

I would like IRA Innovations to close my traditional account

Partial Conversion: *Convert the assets indicated below.*

Asset description	Amount

**Account Holder's Signature**

I certify that the following statements are true and correct.

1. This conversion contribution is being made within 60 days after my receipt of funds from my traditional plan or employer sponsored plan.
2. During the year of this conversion, my adjusted gross income will not exceed \$100,000 (not including the converted amount or any required minimum distribution) and I am not a married person filing a separate Federal income tax return.

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.

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I acknowledge that, due to the complexities involved in the tax treatment of roll overs between plans, conversions from plans, and roll overs from a Designated Roth Account under an employer's plan, Administrator and Custodian has recommended that I consult with my tax advisor or the IRS before completing this transaction to make certain that this transaction qualifies as a valid contribution and is appropriate in my individual circumstances. I understand that these transactions are reported to the IRS and I acknowledge that I am responsible for record keeping Roth IRA contribution information as directed by the IRS. I hereby release Custodian and Administrator from any claim for damages on account of the failure of this transaction to qualify as a valid rollover contribution or conversion.

**THIS CONVERSION WILL NOT BE PROCESSED WITHOUT THE ASSET APPRAISAL AS NEEDED.**

Account holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail this form to your administrator.*