

Use this form to move assets directly from one custodian to your IRA Innovations self-directed IRA without taking receipt of the funds. Do not use this form to make a direct rollover. If you wish to liquidate any assets as part of your transfer to IRA Innovations, ensure that the liquidation process is completed PRIOR to completing this form. Transfer of your funds may be delayed if this step is not taken. The terms and conditions of this document are incorporated into the Account holder's account application (the "Account Application"), and the terms and conditions of the Account Application are incorporated herein. Please return this form to IRA Innovations, the Administrator of your plan.

## I. Personal Information

Legal Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Legal Address (Required) \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of birth (MM/DD/YYYY)

Social Security Number (Required)

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## 2. Resigning Custodian/Trustee (Where your funds are currently. Express deliveries cannot be delivered to a PO Box)

*Please include a recent statement from the resigning custodian account.*

Name of Custodian/Trustee \_\_\_\_\_ Account number \_\_\_\_\_

Office address \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Contact name: \_\_\_\_\_

## 3. Type of account to be transferred/eligibility (Must transfer to the same type of account at IRA Innovations.)

I am transferring FROM the following type of plan: (Check one.)

Traditional     Roth     Beneficiary IRA     SEP     SIMPLE     ESA     HSA

I am transferring TO the following type of plan: (Check one.)

Traditional     Roth     Beneficiary IRA     SEP     SIMPLE     ESA     HSA

I am an eligible person to perform this transaction: (Check one.)

Account owner     Responsible Individual (ESA)     Death Beneficiary

## 4. Type of asset to be transferred (Indicate whether this is A. COMPLETE Transfer OR B. PARTIAL Transfer.)

Please indicate what you would like to transfer by indicating CASH and/or IN-KIND. If you need to liquidate investments, please contact your resigning Custodian to ensure the liquidation process is completed PRIOR to submitting this form. *Please select one below.*

### Option 1: COMPLETE TRANSFER

- Cash - Send cash to "IRA Innovations as agent for Custodian FBO [your name] IRA # \_\_\_\_\_"
- In Kind. *Additional transaction documents are required to facilitate this transfer. Please reference the Incoming In-Kind Transfer Checklist and complete next section on form.*

### Option 2: PARTIAL TRANSFER

- Cash - Send cash to "IRA Innovations as agent for Custodian FBO [your name] IRA # \_\_\_\_\_"
- In Kind. *Additional transaction documents are required to facilitate this transfer. Please reference the Incoming In-Kind Transfer Checklist and complete next section on form.*

\*Please allow five business days for checks and one business day for wires to clear.

**5. Description of assets to be transferred:** Please attach additional delivery instructions if needed. Fees may apply from your resigning custodian.

Asset description (For cash balances, please indicate amount.)	Amount

**6. Delivery Instructions:**

- a. How would you like us to send this transfer request to your current resigning Custodian?  
 Via  Mail  Express delivery (\$30 fee) - *Cannot express to a PO Box - Please select how you would like to pay the fee:*  
 Check (Made payable to IRA Innovations)  
 Credit card on file  
 Credit Card authorization form attached
- b. How would you like your cash sent from your resigning Custodian to IRA Innovations?  
 Via  Mail/Check  Wire/Electronic (\$30 fee) (Please note fees may apply from your resigning custodian)  
*Please allow five business days to clear. Please allow one business day to clear.*

**7. Signature and Acknowledgement** (This does not constitute a direct rollover.)

- I understand the rules and conditions applicable to the Account Transfer set forth herein.
- I qualify for the account transfer of assets listed in the Asset Description above and authorize such transfer.
- I understand that no person affiliated with Administrator has any authority to agree to anything different than as set forth herein.
- I hereby agree to the terms and conditions set forth in this Transfer Form and my Account Application.

\_\_\_\_\_  
 Account Holder Signature

\_\_\_\_\_  
 Date

PRIOR TO SIGNING, PLEASE CONSULT YOUR RESIGNING CUSTODIAN TO DETERMINE IF A MEDALLION GUARANTEE STAMP IS REQUIRED

*(Medallion Guarantee Stamp)*

**For office use only**

**ACCEPTANCE OF RECEIVING CUSTODIAN**

Pursuant to a limited written delegation, First Trust Company of Onaga, as Custodian ("Custodian"), has authorized IRA Innovations, LLC to sign this form on Custodian's behalf to verify Custodian's acceptance of the transfer described above and in agreement to apply the proceeds upon receipt to the Account established by IRA Innovations, LLC on the account holders behalf. Custodian ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO ACCOUNT HOLDER AS IT HAS NO INVESTMENT CONTROL OVER ACCOUNT HOLDER'S FUNDS AND ACTS ONLY AS A CUSTODIAN OF ACCOUNT HOLDER'S FUNDS. IRA Innovations, LLC on behalf of Custodian, First Trust Company of Onaga.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account:

- Traditional  Roth  Beneficiary IRA  SEP  SIMPLE  ESA  HSA