

## ACCOUNT TRANSFER

### 1. IRA OWNER INFORMATION (Account must be established prior to processing transfer request.)

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account (check one):  Traditional  Roth  Education  SEP  Simple  Qualified Plan  HSA

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Account Number assigned by Equity Trust Company: \_\_\_\_\_

### 2. TRANSFER INFORMATION (Where are these assets now?)

Name of present Custodian: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number(s) with present Custodian: \_\_\_\_\_ / \_\_\_\_\_ Phone No.: \_\_\_\_\_

Type of Account (check one):  Traditional  Roth  Education  SEP  Simple  Qualified Plan  HSA

**STOP:** *Be sure to enclose a complete copy of your latest statement from the account you are transferring. This document is required to process your transfer request.*

### 3. PROCESSING PREFERENCE (Choose how you would like this form processed and sent to your current custodian.)

- Express Transfer Service - \$50**  
*(Recommended if you already have an investment in mind)*
- Expedited processing
  - Initial call to verify fastest transfer method
  - Includes overnight service to current custodian (\$18 value)
  - Includes incoming wire fee (\$30 value)
  - Daily inquiry of transfer status
  - Immediate notification when complete

- Normal Processing - Free**
- Sent via regular mail to current custodian after processing.

- Overnight Service - \$18**
- To expedite your transfer, you may request overnight service to your current custodian after processing. *(Included in Express Transfer Service.)*

### 4. TRANSFER INSTRUCTIONS FOR CURRENT CUSTODIAN

This is to direct you, as the present Custodian/Trustee of my IRA or HSA, or Plan Administrator of my QRP (Qualified Retirement Plan), to fulfill the following request.\*

Please transfer the above account as follows:

#### Full Transfer

- Liquidate all assets and transfer proceeds.\*\*
- Liquidate all cash and transfer all assets "in-kind."\*\*

#### Partial Transfer

- Transfer only the assets listed below.

**CASH TRANSFER** Amount: \$ \_\_\_\_\_  
*Please make all checks payable to: Equity Trust Company Custodian F.B.O. (For the Benefit Of) Client Name, IRA. Delivery Instructions located on page 2.*

ASSET TRANSFER (List assets below)	Qty	Value \$	(Check One)
1. _____	_____	_____	<input type="checkbox"/> In-kind** -or- <input type="checkbox"/> Liquidation
2. _____	_____	_____	<input type="checkbox"/> In-kind** -or- <input type="checkbox"/> Liquidation
3. _____	_____	_____	<input type="checkbox"/> In-kind** -or- <input type="checkbox"/> Liquidation

\* Most Qualified Retirement Plans cannot be transferred "in-kind." Please contact your plan administrator before completing this form.

\*\* The term "liquidate all assets and transfer proceeds" will result in all marketable securities to be sold and cash proceeds will be forwarded. The term "in-kind" refers to the re-registration of a stock, mutual fund, etc. from the prior Custodian's name to Equity Trust Company. Please note that any "in-kind" transfers with listed securities will be handled by Mid Ohio Securities, member NASD/SIPC, an affiliate of Equity Trust Company. If you have special instructions for your prior Custodian (such as a partial transfer), check the appropriate box and fill in the instructions in the space provided.

**5. 70 1/2 MANDATORY REQUIRED DISTRIBUTION**  
*(If under age 70 1/2, proceed to Section 6.)*

Complete this section if you are age 70 1/2 or older.

A. IRA Account Valuation as of 12/31/20\_\_\_\_: \$\_\_\_\_\_ (Required to calculate RMD)

B. Mandatory Required Distribution was met prior to transfer: Yes  No

**6. SIGNATURES FOR SELF-DIRECTED IRAs**

I certify that I have established or will establish a Self-Directed IRA with the Custodian/Trustee named below. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers and I agree to indemnify and to hold the Custodian/Trustee harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional for advice.

Signature of IRA Owner:

\_\_\_\_\_

Date:

\_\_\_\_\_

Authorized Officer to Place "Medallion Signature Guarantee" Stamp Here

Please obtain a "Medallion Signature Guarantee" from an authorized officer, bank, broker, or other eligible financial institution. The signature is required to process your transfer request and if not obtained, your request may be rejected. ***A notary public cannot provide a signature guarantee.***

**7. INSTRUCTIONS FOR DELIVERY** (Choose how you want your current custodian to deliver your assets to ETC.)

WIRE TRANSFER

**Wire to:**  
 Matrix Capital Bank  
 Las Cruces, NM 88001  
 ABA #312270418

**For Credit:**  
 Equity Trust Company  
 Elyria, OH 44035  
 Account # 5838000304

**For Further Credit:**  
 IRA Client Name  
 IRA Account Number

REGULAR CHECK  
 USPS Mail Delivery

REGULAR CHECK  
 Overnight Mail Service

**Make Checks Payable to:**  
 Equity Trust Company Custodian FBO  
*Client Name, IRA Account Number*

**Receiving Firm Information:**  
 Equity Trust Company  
 Tax ID # 05-0552743

**Mutual Fund Registration:**  
 Equity Trust Company Custodian  
*FBO Client Name, IRA Account Number*  
 P.O. Box 1529  
 Elyria, OH 44036

**Register Physical Certificates to:**  
 Equity Trust Company Custodian  
*FBO Client Name, IRA Account Number*

**8. LETTER OF ACCEPTANCE - (FOR OFFICE USE ONLY)**

Equity Trust Company ID# 05-0552743 accepts the appointment as successor custodian on behalf of the depositor and requests the transfer and/or liquidation of assets as instructed above.

Authorized Signature, Equity Trust Company: \_\_\_\_\_ Date: \_\_\_\_\_