IRA: □ Traditional □ SEP □ SIMPLE

TRANSFER REQUEST



Name of Financial Organization

Current IRA Trustee/Custodian	Acceptance	Acceptance	
Name	(receiving) IRA Truster accept the transferred ass	By the authorized signature below, the successor (receiving) IRA Trustee/Custodian agrees to accept the transferred assets and to deposit them into an IRS-approved IRA.	
City/State/Zip			
IRA Owner Information			
TKA Owner Information			
Name	Social Security Number	Date of Birth	
Address	Home Phone Number	Daytime Phone Number	
City/State/Zip			
Please transfer the following ☐ Traditional ☐ SEP ☐ SIN ☐ the entire balance ☐ only the balance in these account(s): # ☐ other (specify) ☐ Please transfer the assets ☐ immediately* ☐ at maturity ☐ *I understand that penalties for early withdrawal may apply. Transfer to: ☐ Name of Receiving IRA Trustee/Custodian	###* □ on (specify date):*		
Transfer Method: Mail check to:	Name of IRA Owner		
Address of Receiving IRA Trustee/Custodian	ity/State/Zip Atten	tion	
☐ Wire funds to:			
Routing Number of Receiving IRA Trustee/Custodian Account Number	Account Title		
	A Twister / Cristodian		
NOTE: Please return one copy of this form to the receiving IRA	A Trustee/Custodian.		
NOTE: Please return one copy of this form to the receiving IRA	A Trustee/Custodian.		
NOTE: Please return one copy of this form to the receiving IRA Signatures		o relied on by the Tructee/	
NOTE: Please return one copy of this form to the receiving IRA	ided on this form is true and correct and may by legal or tax advice, and I assume full respons	sibility for this transaction.	