

TRANSFER REQUEST FORM

Internal Transfer



(800) 777 - 9878

(800) 867 - 7668

operations@digitaltrust.com

PART 1. ACCOUNT OWNER INFORMATION (DO NOT USE THIS FORM FOR CONVERSIONS TO A ROTH IRA)

Title:	First Name:	M.I.:	Last Name:	Suffix:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last 4 SSN:	Date of Birth: (MM/DD/YYYY)	Email Address:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Transfer From Account #:	<input type="text"/>	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Roth IRA
		<input type="checkbox"/> Inherited Traditional IRA		<input type="checkbox"/> Inherited Roth IRA	

Transfer to Account #:	<input type="text"/>	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Roth IRA
		<input type="checkbox"/> Inherited Traditional IRA		<input type="checkbox"/> Inherited Roth IRA	

PART 2. TRANSFER INFORMATION

I hereby direct Digital Trust to execute the following transfer option(s) indicated below.

Option A: Complete Transfer

Transfer all assets in-kind and entire cash balance Est. Cash Amount:

Option B: Partial Transfer

Cash balance to transfer Amount:

Transfer the following Asset(s):

Asset Description:	Quantity to Transfer:	Liquidate Immediately	Transfer In-Kind
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3. ACCOUNT OWNER AUTHORIZATION

I am aware that I am responsible for the payment of Federal Income Tax on the taxable portion of this surrender and that I may be subject to tax penalties under Estimated Tax Payment rules if my payment of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply and I authorize the transaction described above. I certify that the information contained on this form is true and correct. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian cannot provide legal advice. I indemnify and agree to hold the custodian harmless against any liabilities. I assume full responsibility for the consequences of this transfer or conversion decision. The custodian agrees to accept these funds as a transfer or conversion.

Signature of IRA Owner:	IRA Owner Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>