

# TRANSFER REQUEST FORM

## IRA to IRA 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"/>
Social Security Number: (###-##-####)		Date of Birth: (MM/DD/YYYY)		Email Address:
<input type="text"/>		<input type="text"/>		<input type="text"/>
Resigning Custodian Name:			Phone:	
<input type="text"/>			<input type="text"/>	
Address:		City:	State:	Zip:
<input type="text"/>		<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"/> Inherited Traditional IRA		<input type="checkbox"/> Roth IRA
			<input type="checkbox"/> Inherited Roth IRA	
<hr/>				
Transfer to Account #:	<input type="text"/>	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
		<input type="checkbox"/> Inherited Traditional IRA		<input type="checkbox"/> Roth IRA
			<input type="checkbox"/> Inherited Roth IRA	
<hr/>				
Can this IRA Transfer request be faxed?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, fax to: <input type="text"/>	

### PART 2. TRANSFER INFORMATION

I hereby direct the resigning custodian listed above to execute the following transfer option(s) indicated below.

<input type="checkbox"/> <b>Option A: Complete Transfer</b>				
<input type="checkbox"/> Liquidate all assets and transfer cash balance ..... Est. Cash Amount: <input type="text"/>				
<input type="checkbox"/> Transfer all assets in-kind and entire cash balance ..... Est. Cash Amount: <input type="text"/>				
<hr/>				
<input type="checkbox"/> <b>Option B: Partial Transfer</b>				
<input type="checkbox"/> Cash balance to be transferred ..... Amount: <input type="text"/>				
<input type="checkbox"/> Transfer the following Asset(s):				
Quantity to Transfer:	Asset ID:	Asset Description:	Liquidate Immediately	Transfer In-Kind
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
<input type="checkbox"/> Check here if additional assets are listed on an attached addendum. Total number of addendums attached:	<input type="text"/>			

### PART 3. DELIVERY INSTRUCTIONS

☐ **Via Regular Mail**

**Digital Trust**  
7336 W. Post Rd., Suite 111  
Las Vegas, NV 89113

☐ **Via Overnight Mail**

**Digital Trust**  
7336 W. Post Rd., Suite 111  
Las Vegas, NV 89113

☐ **Via Wire**

**RECEIVER BANK:** Capital One Bank, NA  
McLean, VA

**ACCT #:** 3316985137

**ROUTING (ABA) #:** 065000090

**BENEFICIARY NAME:** Digital Trust

**FFC:** Client Name & Account Number

**Checks should be titled:**

Digital Trust FBO Client Name & Account Number

### PART 4. AGE 72 REMINDER

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 72, the required minimum amount determined under this IRA is still required to be distributed. I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution ("RMD") applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for RMDs for the calendar year of the transfer. If this transfer leaves the transferor IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31<sup>st</sup>. The new IRA must "deem" that the transfer was received as of the prior December 31<sup>st</sup> for determining any RMD from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

### PART 5. LIMITED POWER OF ATTORNEY

I, the undersigned, do hereby grant a limited power of attorney to Digital Trust and its agents to request information regarding my account and the status of this transfer or rollover from the custodian listed above. The power of attorney shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the transfer or rollover of the assets and/or cash balance listed in the Funding Instructions section of this form.

### PART 6. AUTHORIZATION & SIGNATURE

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 Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

### FOR INTERNAL USE ONLY

Notary or Medallion Signature Guarantee Stamp

### ACKNOWLEDGMENT OF ACCEPTANCE

The authorized signature certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send funds with a copy of this form to Digital Trust. Our organization agrees to serve as the new Custodian for the IRA account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

Signature of Custodian:

Date: *(MM/DD/YYYY)*

# TRANSFER REQUEST FORM

## Liquidation/In-Kind Transfer Addendum



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PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account Number:

PART 2. LIQUIDATION / IN-KIND TRANSFER ASSET INFORMATION

Complete the following information if you have indicated an "in-kind" transfer of assets above. Use a duplicate page if additional space is needed.

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