

CHECKBOOK IRA TRANSFER FORM



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PART 1. ACCOUNT OWNER INFORMATION

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"/>		
Account #:	Account Type:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
<input type="text"/>		<input type="checkbox"/> Inherited Traditional IRA	<input type="checkbox"/> Inherited Roth IRA	<input type="checkbox"/> Roth IRA
Checkbook IRA Name: (LLC or Trust Name)				
<input type="text"/>				

PART 2. TRANSFER INFORMATION

I hereby direct Digital Trust to execute the following in-kind movement(s) as indicated below.

☐ **Option A: Move the following Alternative Assets**

☐ Move the below-listed Alternative Assets **from** my Digital Trust IRA **to** my Checkbook IRA LLC/Trust.

☐ Move the below-listed Alternative Assets **from** my Checkbook IRA LLC/Trust **to** my Digital Trust IRA.

Asset Name:	Amount:
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

☐ **Option B: Move the following Digital Assets**

☐ Move the below-listed Digital Assets **from** my Digital Trust IRA **to** my Checkbook IRA LLC/Trust.

☐ Move the below-listed Digital Assets **from** my Checkbook IRA LLC/Trust **to** my Digital Trust IRA.

Asset	Wallet Address	Tags, etc. (If applicable)	Units
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2. TRANSFER INFORMATION (CONTINUED)

Asset	Wallet Address	Tags, etc. (If applicable)	Units

I, the account owner listed above, authorize Digital Trust, LLC ("Digital Trust"), the custodian of my account, to process an in-kind movement of digital assets to or from my account.

I understand and agree that this process may include:

- Providing or receiving verified wallet address(es) for each digital asset.
- Submitting a screenshot or QR code to confirm address accuracy.
- Participating in a video verification call to confirm my identity and wallet information.
- Completion of a microtest transaction to verify wallet accuracy before any full transfer.
- Confirming the transaction hash or ID of the microtest and final transaction with a Digital Trust employee.

I acknowledge that all digital asset transfers are final and irreversible once sent on-chain, and I agree to comply with all verification procedures required to ensure a secure and accurate in-kind movement of my assets.

I acknowledge that there are inherent risks involved in digital asset movements, including but not limited to the possibility of irreversible loss due to error or mistake. I fully understand and accept these risks, and I direct Digital Trust to proceed with the asset movement as requested.

I agree to indemnify and hold harmless Digital Trust and its affiliates, from and against any loss, damage, reasonable cost or expense (including reasonable attorneys' fees and disbursements), liability, or claim of any third party arising directly or indirectly, from any action or inaction taken by Digital Trust or its affiliates at my request or based on my instructions (or the instructions of another authorized individual or entity), provided, however, that such indemnification shall not apply to any loss, damage, cost, or expense arising from Digital Trust's own negligence or willful misconduct.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

PART 3. ACCOUNT OWNER AUTHORIZATION

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 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.

Signature of IRA Owner:

IRA Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*