

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:
Last 4 SSN:		Date of Birth: (MM/DD/YYYY)	Email Address:	
Transfer From Account #:		<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
		<input type="checkbox"/> Inherited Traditional IRA	<input type="checkbox"/> Inherited Roth IRA	<input type="checkbox"/> Roth IRA
Transfer to Account #:		<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
		<input type="checkbox"/> Inherited Traditional IRA	<input type="checkbox"/> Inherited Roth IRA	<input type="checkbox"/> Roth IRA

PART 2. TRANSFER INFORMATION

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

☐ Option A: Internal Transfer of Entire Account and Close Account (Closing Fees may apply)

☐ Option B: Internal Transfer of Entire Account but Keep Account Open (Monthly or Annual Fees may apply).

☐ Option C: Partial Internal Transfer

☐ Cash (Gross Amount): \$

☐ Reregister the following Asset(s):

	Asset Name:	Amount:
1.		
2.		

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 decision.

Signature of IRA Owner:	IRA Owner Name: (Print or Type)	Date: (MM/DD/YYYY)