



Employer Plan Direct Rollover Deposit Form

IMPORTANT INFORMATION

You must contact the 401(k) or other employer plan sponsor/financial institution to initiate a Rollover. They will not accept a third-party transfer request. Please complete and remit this form with the check to deposit funds into your Directed IRA account.

Checks should be made payable to *Directed Trust Company FBO Your Name Account Type*.

Remit this form and check to:

Directed Trust Company
3033 N. Central Ave., Ste. 415
Phoenix, AZ 85012

1. Account Owner Information

First Name: _____ MI: _____ Last Name: _____

Last 4 of SSN: _____ Date of Birth: _____/_____/_____ Phone Number: _____

Directed IRA Account Number: _____ Account Type: _____

2. Employer Plan Sponsor/Financial Institution

****Please provide a copy of the most recent Account Statement for the Account.**

Account Statement must show: financial institution name, recent date (within 6 months), account registration (full name), account type, account number, cash value.

Plan Sponsor/Financial Institution: _____

Address: _____ Phone Number: _____

City: _____ State/Province: _____ Zip Code: _____

Account Type: 401(k) Roth 401(k) 403(b) 457 Profit Sharing Defined Benefit Other: _____


Account Number: _____ **Amount:** \$ _____

***If Roth 401(k) funds are being sent to Directed IRA for deposit, they can only be deposited into a Roth IRA account. If you have not established a Roth IRA account with Directed IRA you must complete a Roth IRA New Account Application so Roth 401(k) funds can be accepted and deposited. (Account fees will apply, see Fee Schedule.)**

3. Account Owner's Signature Required

I am aware that I am responsible for the payment of Federal Income Tax on any portion which I receive personally (distribution) and do not roll/deposit directly to my IRA with Directed IRA.

- I. I hereby agree to the terms and conditions set forth in this Employer Plan Direct Rollover Deposit form and acknowledge having established an account with Directed Trust Company.
- II. I understand the rules and conditions applicable to an Employer Plan Direct Rollover. I understand that I must contact the Plan Sponsor to initiate the rollover of funds. I understand that this form will not initiate that request.
- III. I understand that Directed IRA may not accept or deposit funds if the appropriate account has not been established with Directed IRA.
- IV. I understand that Directed Trust Company does not have the authority to agree to anything different than my foregoing understandings of Directed Trust Company policy.

 _____
Account Owner Signature

Date

INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE

[Secure File Upload](#)

Email Forms to:
Transfers@directedira.com

Send Mail to:
3033 N. Central Ave. Ste. 415
Phoenix, AZ 85012

Fax:
(602) 899-9641

Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation