

60-Day Rollover Designation

IMPORTANT INFORMATION

To initiate a 60-Day rollover request, please complete this form and utilize one of the funding options with the instructions attached. Be advised that not all accounts are compatible with each other. Please familiarize yourself with the [IRS's "Rollover Chart"](#) to determine if your rollover is compatible.

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. Deposit Instructions

All 60-day rollover contributions will be applied to the current year, unless indicated otherwise by the account owner (i.e. distributions taken in November or December could potentially be deposited in the following year).

Cash/Check Amount (Do not include In-Kind Asset Value):

\$ _____ Traditional IRA For tax year: _____

\$ _____ Roth IRA For tax year: _____

\$ _____ Coverdell For tax year: _____

\$ _____ HSA For tax year: _____

\$ _____ SEP IRA For tax year: _____

Total Amount Enclosed: \$ _____ **Via:** Check ACH/Wire (Must be sent from the Account Owner)

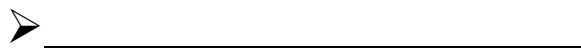
The tax year is typically the year in which the rollover is being sent to our office. In the event you took a distribution from another account in December of a prior year and are re-depositing in January of the next year you will likely want to designate the prior year in which you took the distribution for the tax year.

If an asset is being rolled over from another account "In-Kind" and within 60 Days, please Identify the asset and notate the value below. Additional instructions will be provided.

Asset: _____ Asset Value: \$ _____

3. IRA Rollover Certification

I hereby certify that this is a valid 60-Day rollover that meets all IRS regulations. I also certify that I have not executed another rollover from any other account in the past 12 months and that this rollover is being made within 60 days of distribution of the funds. I hereby irrevocably authorize the deposit of the rollover contribution and understand that I am fully responsible for the tax consequences of this transaction. Please note electronic signatures on this form must include the electronic signature Certification page or Certification Stamp. If one is not included, we will not accept this form.


Account Owner Signature

Date

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

[Secure File Upload](#)

www.directedira.com/secureupload

Email Forms to:

Accounting@directedira.com

Send Mail to:

3033 N. Central Ave. Ste. 415
Phoenix, AZ 85012

Phone: (602) 899-9396

Fax: (602) 899-9641

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

Incoming Wire, ACH, and Check Instructions

IMPORTANT INFORMATION

Electronic payments may be sent to your Directed IRA account using the following instructions:

Company Address:

Directed Trust Company
3033 North Central Avenue, Suite 415
Phoenix, AZ 85012

Incoming Wire Transfers

All wires of funds to be deposited into a Directed Trust Company Account must be sent to:

Wells Fargo Bank, NA
420 Montgomery Street
San Francisco, CA 94104

ABA #: 121000248
Swift Code: WFBIUS6S
Directed Trust Company account number: 8450721009
The 'Additional Information' field of your wire must include: Directed Trust Company FBO (Client Name) (Account Type)

Please note: Title companies must include property address. The address above should be used for wired funds only. All checks made payable to a Directed IRA account must be mailed to the address noted on our website, www.directedira.com.

Incoming ACH

ACH Format: CCD
Receiving Bank Routing Transit Number: 124002971
Directed Trust Company account number: 8450721009

Addenda Record Information

Account information: Directed Trust Company FBO (Client Name) (Account Type)

Asset ID or Asset description: As applicable

Transaction details such as:

- "Principal" with \$ amount and/or "Interest" with \$ amount
- "Contribution" with Tax Year
- "Rental Income"
- "Payoff/ Liquidation"
- "Dividend Payment"
- "Transfer Funds"
- "Rollover Funds"
- "Misc. Payment" with description (e.g., "Escrow Refund")

Incoming Check

Make Checks Payable to: Directed Trust Company
Memo: (Account Name) (Account Number)
Mail To: 3033 N. Central Ave, Ste 415, Phoenix, AZ 85012

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