

## Employer Plan Rollover Deposit Form

### IMPORTANT INFORMATION

You must contact the 401(k) or other employer plan sponsor/financial institution to initiate a direct rollover. They will not accept a third-party transfer request form. 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. The memo line should read, (Client Name) (Account Number).**

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:** \$ \_\_\_\_\_

### 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 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 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.

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](http://www.directedira.com/secureupload)

#### Email Forms to:

[Accounting@directedira.com](mailto: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