

## Transfer Request- Cash Only

### IMPORTANT INFORMATION

This form is to be completed by the Account Owner who wishes to transfer all or a portion of his or her Cash Only assets from an existing IRA to Directed Trust Company. If you will be transferring assets in-kind or assets in-kind and cash, please use the **Transfer Request – Assets In-kind/Cash form**.

**401(k) Rollover** – All 401(k) rollovers must be initiated by contacting the current 401(k) provider. They will not accept this 3<sup>rd</sup> party request form. You must complete the Directed Trust Company **Employer Plan Rollover Deposit form** found on our website.

**Roth Conversion** – If you intend to convert your Traditional IRA funds to Roth funds after being received by Directed Trust Company, you must complete and submit a **Roth Conversion form**. Consult with your tax or legal advisor regarding tax implications of a Roth Conversion.

\*Be sure to transfer sufficient funds to cover the amount of your investment, any fees due, the investment transaction fees and the \$500 minimum account balance requirement. Your investment request will NOT be processed if you have insufficient funds in your account to cover fees and our minimum balance requirement.

### Do you need Directed IRA to expedite processing of your transfer?

Select an option below. If no option is selected, Directed IRA will process your request as normal (within 3 business days).

- Next-Day Service (\$150) – Must be received by 4pm MTN     Same-Day Service (\$250) – Must be received by 10am MTN

### 1. Account Owner Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. Account to Transfer

\*\*Please provide a copy of the most recent Account Statement from your current Trustee/Custodian. **Account Statement must show** financial institution name, recent date (within 6 months), account registration (full name), account type, account number, cash value.

Trustee/Custodian Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type: (Select one)

<input type="radio"/> Traditional IRA	<input type="radio"/> Roth IRA	<input type="radio"/> SEP IRA
<input type="radio"/> Coverdell Education Savings Account	<input type="radio"/> Health Savings Account	<input type="radio"/> Other: _____

### 3. Transfer Instructions

You **MUST** provide your financial institution with appropriate Liquidation Instructions prior to submitting this form to Directed IRA, unless your custodian will liquidate your account upon receipt of our request.

Select one:

Please accept this request as your authorization to **liquidate** my account and transfer to the receiving IRA as indicated below.

**Full Liquidation and Transfer:** Transfer the entire cash balance to receiving IRA.

Approximate Cash Transfer Amount: \$ \_\_\_\_\_

**Partial Liquidation and Transfer:** Transfer only the cash amount indicated below to receiving IRA.

Cash Transfer Amount: \$ \_\_\_\_\_

**4. Delivery Instructions for Current Custodian**

How would you like your current Custodian to deliver your funds to Directed IRA? If no option is selected, your Custodian will choose for you. Please check with your current Custodian regarding their fees for outgoing check or wire transfers.

<input type="radio"/> <b>Check via Regular Mail</b> Pay to: Directed Trust Company Memo: (Client's Name & Account Number) <input type="radio"/> <b>Check via Overnight</b> 3033 N. Central Ave, Suite 415 Phoenix, AZ 85012	<input type="radio"/> <b>Incoming Wire</b> Bank: Wells Fargo Bank, N.A. Routing # 121000248 Account #: 8450721009 For Credit To: Client's Name & Account Type
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**5. Transfer Request Submission**

How would you like Directed IRA to submit this Transfer Request to your current custodian? Please verify with your Custodian how they prefer to receive Transfer Requests. Verify the email, fax number or department for outgoing Transfers.

<input type="radio"/> <b>Option A: Submit via</b> <input type="radio"/> <b>Email or</b> <input type="radio"/> <b>Fax</b> Email Address: _____ Fax Number: _____ Attn. Name/Dept.: _____	<input type="radio"/> <b>Option B: Submit via Mail</b> (via address provided in Section 2 above) <input type="radio"/> Regular Mail (7-10 business days) <input type="radio"/> Priority Mail (\$15.00) (2-3 business days) <input type="radio"/> Overnight Mail (\$35.00) *Cannot be a P.O. Box
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**6. Account Owner's Signature Required**

I am aware that I am responsible for the payment of Federal Income Tax on the taxable portion of this surrender and that I may be subject to tax penalties under estimated tax payment rules if my payment of estimated tax and withholdings, if any, are not adequate. I am also aware of any surrender/ withdrawal penalties which may apply, and I authorize the transaction described above.

- I. I hereby agree to the terms and conditions set forth in this Transfer Request and acknowledge having established an account with Directed Trust Company.
- II. I understand the rules and conditions applicable to an account transfer. I understand that it is my responsibility to contact my current financial institution to determine whether a Medallion Stamp Guarantee is required. If a Medallion Stamp Guarantee is required, it is my responsibility to take this Form to my bank or credit union for a Medallion Stamp Guarantee. (Failure to obtain a Medallion Stamp Guarantee could result in delays and/or rejection of this request by my current financial institution.)
- III. I understand that it is my responsibility to contact my current financial institution to confirm the account liquidation requirements. I understand that my current financial institution may require a separate liquidation authorization.
- IV. I qualify for the account transfer of assets listed in the Transfer Options section and authorize such transactions.
- V. 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 that some Custodians do not accept electronic signatures to initiate a transfer out. I understand that if I provide an electronic signature that my Custodian does not accept, that it may delay this request. Electronic signatures on this form must include the electronic signature Certification page or Certification Stamp. If one is not included, we cannot accept this form.

\_\_\_\_\_ Date \_\_\_\_\_  
Account Owner Signature

**7. Medallion Stamp Guarantee (if applicable)**

An original Medallion Stamp Guarantee may be required:

- Please check with your current financial institution to see if they require a Medallion Stamp to complete your outgoing transfer.

**Signer Name (Printed):** \_\_\_\_\_  
**Signer Phone Number:** \_\_\_\_\_


**[MEDALLION GUARANTEE STAMP HERE]**

**PLEASE NOTE: ALL DOCUMENTS WITH MEDALLION STAMP GUARANTEES MUST BE MAILED TO DIRECTED IRA AND WILL NOT BE ACCEPTED VIA FAX OR EMAIL.**

**8. Directed Trust Company Acceptance (to be completed by Directed IRA)**

Directed Trust Company as Successor Custodian, hereby agrees to accept the funds and/or assets from the current custodian identified in Section 2 and will deposit them into a qualified retirement plan on behalf of the Account Owner identified above in accordance with the applicable provisions of the Internal Revenue Service Code.

An authorized signature certifies acceptance of this transfer or rollover.

 \_\_\_\_\_  
Authorized Officer Signature                      Date

Directed IRA Account No.: _____
Account Type: _____

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

<a href="http://www.directedira.com/secureupload">Secure File Upload</a>	<b>Email Forms to:</b> <a href="mailto:Transfers@directedira.com">Transfers@directedira.com</a>	<b>Send Mail to:</b> 3033 N. Central Ave. Ste. 415 Phoenix, AZ 85012	<b>Phone:</b> (602) 899-9396 <b>Fax:</b> (602) 899-9641
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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation