

## 401(k) Direct Rollover/Trustee-to-Trustee Transfer Form

## **IMPORTANT INFORMATION**

This form is to be completed by the Custodial 401(k) Account Owner who wishes to transfer all or a portion of his or her Cash Only assets from an existing IRA or other Retirement Plan 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.** 

\*If you are a first-time investor with Directed IRA, it is recommended that you transfer at least \$500 more than your intended investment amount so there are 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.

-		IRA to expedite processing of your transfer?  If no option is selected, Directed IRA will pro	? ocess your request as normal (within 3 business days).
	Next-Day Servi	ice (\$150) – Must be received by 4pm MTN	☐ Same-Day Service (\$250) – Must be received by 10am MTN
<b>1.</b> Acc	ount Owner Info	ormation	
First N	ame:	MI:	Last Name:
Last 4	of SSN:	Date of Birth:	Phone Number:
**Plea	•	by of the most recent Account Statement from	m your current Custodian/Administrator. <b>Account Statement</b> is), account registration (full name), account type, account
Custo	dian/Administrat	or Name:	Account Number:
Address:			Phone Number:
City: _		State/Province:	Zip Code:
Accour	nt Type: <i>(Select c</i>	one)	
O Q	ualified Retireme	ent Plan – 401(k), Profit sharing, Pension or S	tock Bonus Plan
	☐ Roth Afte	er-Tax deferrals are included with this rollover	c.
O In	dividual Retirem	ent Account (IRA) – Conduit IRA, regular IRA,	SEP, or SIMPLE IRA if you participated in the SIMPLE IRA for at
least	2 years. Non-de	eductible contributions cannot be rolled over	•
O 40	)3(b) Plan* – Tax	deferred annuity maintained under IRS ode	Section 403(b) Plan.
	☐ This trans	sfer is pursuant to Revenue Ruling 90-24. Onl	ly for 403(b) transfers.
O 45		e plan under IRS Code Section 457 maintained	d by a governmental entity.

<sup>\*</sup>After-tax contributions cannot be rolled over to this plan.

## 3. Transfer Instructions

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

O Direct Rollover Option (This	o Option is for direct rollovers from IRAs or other	retirement accounts)				
O Trustee-To-Trustee Option	(This option is for transfers between a Qualified	Retirement Plan, e.g. 401(k))				
✓ Please accept this request a below;	as your authorization to <u>liquidate</u> my account a	nd transfer to the receiving IRA as indicated				
O Full Liquidation ar	<b>nd Transfer:</b> Transfer the <u>entire</u> cash balance to i	receiving custodian.				
Approximate Cash T	ransfer Amount: \$					
O Partial Liquidation and Transfer: Transfer only the cash amount indicated below to receiving account.						
Cash Transfer Amour	nt: \$					
How you would like your currer	rent Custodian/Plan Administrator  nt Custodian to deliver your funds to Directed IRA  current Custodian regarding their fees for outgo	A? If no option is selected, your Custodian will chooing check or wire transfers.				

How you would 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.

○ Option A: Submit via ○ Email or ○ Fax	Option B: Submit via Mail
Email Address:	(via address provided in Section 2 above)  O Regular Mail (7-10 business days)
Fax Number:	O Priority Mail (\$15.00) (2-3 business days)
Attn. Name/Dept.:	O Overnight Mail (\$35.00) *Cannot be a P.O. Box

## 6. Account Owner's Signature Required

I hereby agree to indemnify and hold harmless Directed Trust Company and its officers, directors, shareholders, agents, employees and Directed Trust's related entities for any and all costs, obligations, losses, claims damages and expenses (including reasonable attorneys' fees) related to or associated with this agreement.

- 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.)

I understand that it is my responsibility to contact my current financial institution to confirm the account liquidation III. 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. 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 (Electronic or Digital Signatures cannot be accepted) Date 7. Medallion Stamp Guarantee [MEDALLION GUARANTEE STAMP HERE] An <u>original</u> 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. ALL DOCUMENTS WITH MEDALLION SIGNATURE GUARANTEE STAMPS MUST BE MAILED TO DIRECTED IRA AND WILL NOT BE ACCEPTED VIA FAX OR EMAIL. Signer Name (Printed): Signer Phone Number: 8. Employer Plan Acceptance The Plan Trustee hereby appoints Directed Trust Company as successor custodian and authorizes Directed Trust Company to accept the funds and/or assets from the current custodian identified in Section 2 and to 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. Plan Trustee Signature (Electronic or Digital Signatures cannot be accepted) Date FOR DIRECTED TRUST COMPANY USE ONLY Letter of Acceptance - To the prior custodian: Please be advised that Directed Trust Company will accept the transferred account as successor custodian. An authorized signature certifies acceptance of this transfer or rollover. Directed Trust Account No.: \_\_\_\_\_ Account Type: \_\_\_\_\_ **Authorized Officer Signature** Date INVESTMENTS: NOT FDIC INSURED • NO GUARANTEE • MAY LOSE VALUE **Secure File Upload Email Forms to:** Send Mail to: **Phone:** (602) 899-9396 www.directedira.com/secureupload Transfers@directedira.com 3033 N. Central Ave. Ste. 415 Fax: (602) 899-9641

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