

IRA: Traditional SEP

**DIRECT
ROLLOVER REQUEST**



Name of Financial Organization

IRA Owner Information

Name

Social Security Number

Date of Birth

Address

Home Phone Number

Daytime Phone Number

City/State/Zip

Distributing QRP or Other Eligible Retirement Plan (Non-IRA) Information

Name of Plan

Name of Participant

Name of Employer

Phone Number of Employer

Address of Employer

City/State/Zip

NOTE: Return a copy of this form with the distribution. Do not send the required minimum distribution amount, if applicable.

Receiving IRA Plan Information

Name of Financial Organization

Trustee Custodian

Address of Financial Organization

City/State/Zip

Contact Person/IRA Administrator

Account Number (if known)

ACCEPTANCE — By the authorized signature below, the IRA Trustee/Custodian agrees to accept the direct rollover assets and to deposit them into an IRS-approved Individual Retirement Account.

Signatures

I authorize the plan administrator to send my eligible rollover distribution to the IRA Trustee/Custodian listed above, for credit to my IRA. I irrevocably designate the deposit as a rollover contribution. I understand that the IRA Trustee/Custodian is not responsible for determining what part, if any, of this distribution is eligible for rollover. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the IRA Trustee/Custodian. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The IRA Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the IRA Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of IRA Owner

Date

Authorized Signature of IRA Trustee/Custodian

Date