

## Transfer Form

### 1 Account Information

Your Name:	Social Security Number:
Address:	City, State, Zip:
Phone Number:	American IRA Account Number:

### 2 Current Custodian/Trustee Information

Name of Custodian/Trustee:	Account Number:
Address:	City, State, Zip:
Phone Number:	<input type="checkbox"/> I have attached a copy of my current statement <b>(Required)</b> Type of account: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> 401k <input type="checkbox"/> HSA <input type="checkbox"/> CESA <input type="checkbox"/> SIMPLE <input type="checkbox"/> Inherited

### 3 Transfer Details

<input type="checkbox"/> Option One: Cash Transfer  <input type="checkbox"/> Complete <input type="checkbox"/> Partial – SEND ONLY \$ _____ Please send cash via: <input type="checkbox"/> Check <input type="checkbox"/> Wire	<input type="checkbox"/> Option Two: In-Kind Transfer  <input type="checkbox"/> Complete <input type="checkbox"/> Partial – Send ONLY the assets listed below Please send cash via: <input type="checkbox"/> Check <input type="checkbox"/> Wire
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**Checks and In-Kind Transfers are to be titled as New Vision Trust Custodian FBO (Account Name) (Account Type)**

**Wired funds are available following business day. Check funds are available after 7 business days.**

**How would you like this request sent to your current custodian?**  Certified Mail (\$10)  Overnight Mail (\$20 plus shipping costs)

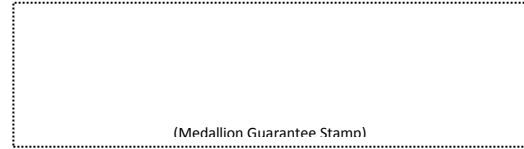
Asset Description	Amount

### 4 Signature and Acknowledgement

1. I hereby agree to the terms and conditions set forth in the Type of Asset to be Transferred section and acknowledge having established a self-directed account through the execution of the (type of plan) account application.
2. I understand the rules and conditions applicable to an Account Transfer.
3. I qualify for the account transfer of assets listed in the Type of Asset to be Transferred section above and authorize such transactions.
4. I understand that no one at the Custodian and/or Administrator has authority to agree to anything different than my foregoing understandings of Custodian and/or Administrator policy.
5. By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as application, “collectively referred to as “5305” or 401K Plan Agreement (“Sponsored Plan”) as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the “Documents”), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



#### Acceptance of Receiving Custodian

By signing this form the Custodian accepts of the transfer, rollover or direct rollover described above and agrees to apply the proceeds upon receipt to the Account established by the Custodian, on your behalf. The Custodian ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS PASSIVE CUSTODIAN OF YOUR FUNDS.

#### New Vision Trust Company, A State Chartered South Dakota Trust Company

By: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Type of Account**

Traditional     Roth     SEP     401k     HSA     CESA  
 Inherited     SIMPLE