

Rollover/Direct Rollover Form

1 Account Information		
Your Name:	Your SSN:	
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:	Is this an Inherited Account?	Type of account: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Qualified Plan <input type="checkbox"/> HSA <input type="checkbox"/> ESA <input type="checkbox"/> SIMPLE
3 Rollover Details		
The total amount I am rolling over is: \$	<input type="checkbox"/> Indirect Rollover	<input type="checkbox"/> Direct Rollover
I am an eligible person to perform this transaction: (select one)		
<input type="checkbox"/> Plan Participant <input type="checkbox"/> Spouse Beneficiary of Account <input type="checkbox"/> Non-spouse Beneficiary of Account <input type="checkbox"/> Responsible Individual <input type="checkbox"/> Ex-spouse of account due to divorce/legal separation or court order		
Rollover Instructions to Resigning Custodian		
To roll over CASH, please follow the instruction below. Contact our office for wire instructions. To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment. Cash and Assets are to be made payable/assigned to: <u>New Vision Trust Custodian FBO (Account Name) (Account Type)</u>		
Asset Description:	Amount:	
4 Signature and Acknowledgement		
<p>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 applicable, "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).</p> <p>I hereby agree to the terms and conditions set forth in this rollover form and acknowledge having established a Self-Directed Account through execution of the (Type of Account) Account Application. I understand the rules and conditions applicable to a Rollover or Direct Rollover. I qualify for the <input type="checkbox"/> Rollover or <input type="checkbox"/> Direct Rollover of assets listed in the Asset Liquidation above and authorizes such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian, as disclosed in the Custodial Agreement, or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Custodian and/or Administrator has authority to agree to anything different than my foregoing understandings of Custodian and/or Administrator policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of \$ _____ as a rollover contribution. <i>By signing this form, I certify that I am completing this rollover within:</i></p> <p>A. 60 calendar days following the day I received the assets, I have not performed a rollover from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution</p> <p>B. If I am a non-spouse beneficiary, this is a direct roll over from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.</p>		
Print Name: _____		
Your Signature: _____		Date: _____