

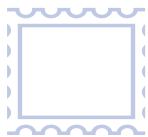


Step by Step Instructions

- Section 1: Provide your personal information
- Section 2: Provide your current provider's information.
- Section 3: Transfer Details
 - Will it be a Complete or Partial transfer?
 - If it is a partial transfer, check the Partial Transfer box and the amount you are requesting.
 - If it is a complete transfer, check the Complete Transfer box, but **DO NOT** provide a value. It may cause the transfer to be rejected by your custodian.
 - Choose how you would like to receive the funds. Check or Wire
 - If you are transferring an asset, check the In-Kind Transfer box and list the assets in the Asset Description.
 - How would you like the request sent to your current provider? Certified Mail or Overnight Mail
 - ***Overnight Mail – Requires a Physical Address.**
 - Section 4: Sign and Date. This form **REQUIRES** you to print and physically sign the document.



Do you need to liquidate your account before initiating the transfer? Stock on the exchange is not accepted and would need to be liquidated.



Will your current custodian require Medallion Guarantee Stamp?



Will your current custodian accept a fax or does the signature need to be an original?

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: | <input type="checkbox"/> I have attached a copy of my current statement (Required) |
| Address: | City, State, Zip: | |
| Phone Number: | Fax Number: | 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 - liquidate and send all proceeds <input type="checkbox"/> Partial - send ONLY \$ _____ Please send cash via: <input type="checkbox"/> Wire or <input type="checkbox"/> Check | <input type="checkbox"/> Option Two: In-Kind Transfer (American IRA will not accept in-kind transfers of publicly traded securities) <input type="checkbox"/> Complete - send all assets listed below and cash Please send cash via: <input type="checkbox"/> Wire or <input type="checkbox"/> Check <input type="checkbox"/> Partial - send only the assets listed below |
|--|--|

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

Checks and In-Kind Transfers are to be titled as New Vision Trust Company CFBO (Account Name) (Account Type)

Wired funds are available following business day. Check funds are generally available after 7 business days from deposit.

| Asset Description | Asset Value |
|-------------------|-------------|
| | |
| | |

4 Signature and Acknowledgement

- 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.
- I understand the rules and conditions applicable to an Account Transfer.
- I qualify for the account transfer of assets listed in the Type of Asset to be Transferred section above and authorize such transactions.
- 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.
- 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).
- I hereby consent to Custodian and/or Administrator entering my Account Number into this Transfer Form once an account number has been assigned or where otherwise omitted. Once assigned, Custodian shall provide notification to me, as the Account Holder, of the assigned Account Number.

Your Signature: _____

Date: _____

(Medallion Guarantee Stamp)

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 <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"/> Inherited <input type="checkbox"/> SIMPLE |
|--|