

Roth Conversion Form

1 Account Information

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

2 Conversion Details

Type of Account being converted? <input type="checkbox"/> Traditional <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	Is this conversion to a new or existing ROTH IRA? <input type="checkbox"/> This is a conversion to a new ROTH IRA (ROTH IRA Application must be completed) <input type="checkbox"/> This conversion is to an existing ROTH IRA: Account Number: _____
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Form of Conversion:

Full Conversion (Convert all cash and assets in-kind)

Partial Conversion (only convert cash and/or assets as described below)

Cash Only: Amount \$ _____

In-Kind*: Asset(s) to be distributed: _____

Asset	Current Fair Market Value

*A current Fair Market Value must be provided to convert assets in-kind.

3 Withholding Information

FEDERAL <input type="checkbox"/> I elect NOT to have Federal Income Tax Withheld <input type="checkbox"/> I ELECT to have Federal Income Tax withheld (cannot be less than 10% if elected) <input type="checkbox"/> withhold _____% from my payment(s) OR <input type="checkbox"/> withhold \$ _____ from my payment(s)	STATE (ONLY AVAILABLE FOR NC) <input type="checkbox"/> I elect NOT to have State Income Tax Withheld <input type="checkbox"/> I ELECT to have State Income Tax Withheld in the amount of \$ _____ (must be whole dollars).
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Withholding instructions:

Send the amount requested **LESS** my federal withholding election

Send the **EXACT** amount requested and submit my federal withholding election out of my remaining IRA cash balance

4 Signature and Acknowledgement

Certification, Acknowledgement and Signature

1. I certify that the information provided including my Social Security Number is true and correct to the best of my knowledge.
2. I certify that no tax advice has been given to me by the Administrator or Custodian.
3. This conversion is being made within 60 days after my receipt of funds from my traditional IRA plan or Employer Sponsored plan, if applicable.
4. I hereby irrevocably elect to treat this transaction as a conversion as permitted under the IRS Regulations.
5. It is recommended that I consult with my tax advisor before completing this transaction.
6. I acknowledge that the distribution and conversion transactions will be reported to the IRS.
7. I acknowledge that I am responsible for the record keeping of the ROTH IRA information.
8. I expressly assume the responsibility for any adverse consequences which may arise from this conversion request and I agree that the Administrator and/or Custodian shall in no way be responsible for those consequences.
9. I hereby release the administrator, Employees, Office, and/or Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid conversion.

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:** _____