



IRA Transfer Request

Client Services
 866.928.9394
 512.637.5739
 www.StrataTrust.com

Send to: (Please submit using one method)
 Email: Operations@StrataTrust.com
 Fax: 512.495.9554
 US Mail: P.O. Box 23149 Waco, TX 76702
 Overnight: 7901 Woodway Dr, Ste 200, Waco, TX 76712

Section 1 Account Information

| | | | | |
|--|-------|---|--|-----|
| Account from which you wish to transfer: | | Account to receive your transfer: | | |
| Account Number with Resigning Custodian | | Your Name | | |
| Name as it appears on the Account | | Social Security Number | | |
| Type of IRA : <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA | | Type of IRA: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA | | |
| ***To initiate a direct rollover from an employer-sponsored retirement plan, contact your plan administrator. | | STRATA IRA Number | | |
| Name of Resigning Custodian | | Your Daytime Phone Number | | |
| Resigning Custodian's Physical Address | | Check if this Transfer is: <input type="checkbox"/> Transfer of an IRA for which you are the Spouse Beneficiary <input type="checkbox"/> Transfer of an Inherited IRA <input type="checkbox"/> Transfer Due to Divorce | | |
| Address Line 2 (No PO Boxes) | | | | |
| City | State | | | Zip |
| Custodian's Phone Number | | | | |
| Custodian's Fax Number | | | | |

Section 2 Transfer Instruction

Complete Transfer:

Transfer all assets as indicated below, including any cash balance, and close my account. Complete the section below. (Accountholder must contact Resigning Custodian to liquidate the account. If account is not liquidated prior to STRATA submitting this Transfer Request, your Resigning Custodian may reject this request.)

Partial Transfer:

Transfer only what is indicated below and keep my account open.

Cash: All cash available Exactly \$ _____

Please liquidate or re-register only the asset(s) indicated below.

| Liquidate | Re-Register | Asset Description | # of Shares | Approximate Value |
|--------------------------|--------------------------|-------------------|-------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |

- Attach a copy of your most recent account statement with your Resigning Custodian to this form.
- Please contact STRATA if you are transferring an asset in-kind. Additional documentation may be required prior to initiating this Transfer Request.

Remit Funds to STRATA Trust Company as shown below:

- Send Check by U.S. Mail
- Send Check for Overnight Delivery

Make check payable and mail as shown below:

STRATA Trust Company, Custodian

FBO _____ IRA # _____

U.S. Mail Address:

PO Box 849
Austin, TX 78767

Overnight Delivery Address:

901 S. Mopac Expressway
Barton Oaks Plaza II, Suite 100
Austin, TX 78746

Wiring Instructions:

Horizon Bank
600 Congress Avenue
Austin, TX 78701
ABA: 111907940
Account Name: STRATA Custodial Account
Account Number: 4515532
FCT: Account Name _____ IRA # _____

- Wire Funds

If no selection is made, STRATA will request your Resigning Custodian mail a check by USPS first class mail.

Reregister Assets to STRATA Trust Company as shown below:

- Send by U.S. Mail
- Send by Overnight Delivery

STRATA Trust Company, Custodian

FBO _____ IRA # _____

7901 Woodway Dr, Suite 200
Waco, TX 76712

Tax ID: 26-2637994

If I am 70½ or older, I instruct my Resigning Custodian to process my Required Minimum Distribution payment as shown below:

- Distribute my RMD or life expectancy payment to me prior to transferring my assets.
- Segregate and retain my RMD or life expectancy payment amount.
- Include the amount that represents my RMD or life expectancy payment in the transfer.

Section 3 Instruction to STRATA for Delivery of this Transfer Request to Resigning Custodian

- UPS Ground Overnight Select FedEx UPS Fax # _____
- If no selection is made, this request will be sent by UPS Ground Delivery to the Resigning Custodian.
- _____ Deduct the overnight fee from my Account.
- _____ Charge my FedEx or UPS account # _____
- Attn _____
- You must first verify the Resigning Custodian will accept a faxed copy

Section 4 Accountholder Authorization

I authorize the IRA transfer or direct rollover in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining my eligibility for transfer or direct rollover within the limits set forth by tax laws, related regulations and plan agreements. I represent that I have established an IRA account with STRATA Trust Company ("STRATA") as Custodian. I agree to indemnify and hold harmless both my present Custodian and STRATA from any and all costs, obligations, losses, claims, damages and expenses (including reasonable attorney fees) related or associated with this request. If special handling is requested (wire or overnight delivery), I authorize the deduction of applicable fees from my account. I assume responsibility for any tax consequences or penalties that may apply and I agree that the Custodian shall in no way be held responsible.

- Before signing, check with your present Custodian to determine whether it will require a Medallion Signature Guarantee to process this request.
- If a signature guarantee is not required, please sign below and send this form to STRATA.
- If required, a signature guarantee can be obtained from your bank or a brokerage firm. A signature guarantee may not be obtained from a notary public.

MEDALLION SIGNATURE GUARANTEE



Accountholder Signature Date

A Medallion Signature Guarantee Program is approved by the Securities Transfer Association. Participating financial institutions guarantee that the individual signing this form is in fact the owner of the account for which the transfer is being requested.

Section 5 Letter of Acceptance

The account for the above-named individual is a valid IRA and STRATA Trust Company hereby accepts appointment as Custodian for the IRA account and agrees to accept the assets for transfer or direct rollover as indicated herein.

Authorized Signature of STRATA Trust Company, IRA Custodian Date