

EQUITY TRUST COMPANY

ACCOUNT TRANSFER FORM



IMPORTANT INFORMATION REGARDING A ROTH CONVERSION VIA TRANSFER

A Roth Conversion is a taxable event - Consult your CPA regarding tax filing and reporting requirements.

- The current or issuing custodian is responsible to report a distribution on tax form 1099-R. You will receive this document between the dates of January 1st and January 31st of the year following the conversion year and must be submitted with your federal income tax form.
- The conversion into your Roth IRA at Equity Trust Company will generate a 5498 tax form to offset the distribution issued to complete the conversion. This form is produced after May 31st of the year following your conversion and is only a reporting form. This form is not required to be submitted with your Federal Income Tax return.
- If you have reached the age of 70 1/2, Required Minimum Distribution requirements must be met prior to converting.



WHEN TO USE THIS FORM

This Form should be used to:

- Transfer an account to Equity Trust Company, or
- Convert cash or non-traditional assets directly from your current Traditional, SEP, SIMPLE IRA with your current custodian to Equity Trust Company.
- **Qualified Plans Only:** For Direct or Taxable Rollovers from a 401(k), 403(b), or 457(b) Plan, please contact your current employer to determine the necessary paperwork to complete the movement.

Note: A separate *Account Transfer Form* is required for each transfer request.



INSTRUCTIONS AND GUIDELINES

Submit the **ORIGINAL** *Account Transfer Form* with the following:

- Copy of the most recent statement from the current custodian (within 6 mos.) outlining the assets being transferred.
- If transferring non-traditional assets please reference the **attached Addendum which outlines the required documentation necessary to complete the review process.**
- Each non-traditional asset requires a **Fair Market Valuation (FMV) form** be submitted with the *Account Transfer Form*. This form is required to ensure the Conversion is reported for tax purposes.
- **Note: Section 5 of the Account Transfer Form does not apply when completing a Roth Conversion via Transfer.**

CONTACT INFORMATION

PHYSICAL ADDRESS:

Equity Trust Company
225 Burns Road
Elyria, OH 44035

For assistance, please
contact a member of your
First Class Service Team at:

TOLL FREE:
(888) 382-4727

PHONE NUMBER:

(440) 323-5491

Or e-mail questions to:

E-MAIL:
help@trustetc.com

WEBSITE:

www.trustetc.com



SUBMISSION OPTIONS

OVERNIGHT MAIL:

Equity Trust Company
225 Burns Road
Elyria, OH 44035

Fax/e-mail this form to Equity Trust **ONLY** if you have confirmed with your current custodian they will accept the Account Transfer form via fax/e-mail.

REGULAR MAIL:

Equity Trust Company
P.O. Box 1319
Elyria, OH 44036

BY FAX:
(440) 366-3755

BY E-MAIL:
help@trustetc.com

DO NOT FAX OR MAIL THIS COVER PAGE

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

1 IRA OWNER INFORMATION

| | |
|------------------------|------------------------------------|
| ACCOUNT OWNER NAME | ACCOUNT # ASSIGNED BY EQUITY TRUST |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| EMAIL ADDRESS | |

If you have not previously established an Equity Trust Company account to receive your transfer, you must include an account application with this form.

2 WHERE ARE FUNDS CURRENTLY HELD?

| | | | |
|-----------------|----------------|---------------------------------|----------|
| NAME OF COMPANY | ACCOUNT NUMBER | ESTIMATED TRANSFER VALUE: \$ | |
| STREET ADDRESS* | CITY | STATE | ZIP CODE |
| PHONE | FAX* | | |

* Contact your previous custodian to confirm the address where transfer paperwork should be sent and/or if faxed copies are acceptable.

YOU MUST SUBMIT A COPY OF THE MOST RECENT STATEMENT AND REQUIRED DOCUMENTS FOR EACH ASSET BEING TRANSFERRED.
(SEE ADDENDUM FOR REQUIRED DOCUMENTS)

3 PROCESSING PREFERENCE (Choose how you would like this form processed and sent to your current Custodian.)

- | | |
|---|--|
| <input type="checkbox"/> EXPRESS TRANSFER SERVICE (\$50.00) Includes Overnight Service (\$18 Value) and Incoming Wire Fee (\$30 Value) Express Transfer Service: (recommended if you already have an investment in mind): <ul style="list-style-type: none"> • We will review the Account Transfer form the same day it is received at Equity Trust Company.** • Overnight service to current custodian at no additional cost • Additional wire fee waived if receiving transfer funds by wire • Frequent follow-up calls will be placed to your current custodian to check on transfer status • As we receive updates you will be contacted immediately if needed • Immediate notification when funds are received | <input type="checkbox"/> NORMAL MAIL PROCESSING SERVICE (NO CHARGE) <input type="checkbox"/> OVERNIGHT MAIL SERVICE (\$18) (Included in Express Transfer Service) <ul style="list-style-type: none"> • Your transfer forms and statement will be sent overnight to your previous account holder. |
|---|--|

NOTE: Fee applies to processing within Equity Trust's control.
Funds must be available for processing fees.

.....
**Processing begins on the business day paperwork is received, if it is received before 10:00 a.m. Eastern Time. If paperwork is received after 10:00 a.m. Eastern Time, administrative processing will start the next business day. If the paperwork requires any corrections, processing will stop until the proper corrections have been made. In order for processing to resume on the day it was stopped, corrections must be submitted before 12:00 noon Eastern Time that business day.
.....

4 SELECT TYPE OF TRANSFER

- | | |
|---|--|
| <input type="checkbox"/> This is an Account Transfer , continue with Sections 5, 8, 9 and 10. | <input type="checkbox"/> This is a Roth Conversion via Transfer , continue with Sections 6 - 10. |
|---|--|

Account Number _____

5 ACCOUNT TRANSFER INSTRUCTIONS ONLY

A. ACCOUNT COMPATIBILITY If you aren't sure if your accounts will be compatible please visit our website at www.trustetc.com or call 1-888-382-4727 for assistance.

| | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|-------------------------------|------------------------------|------------------------------|---|---|--|--|---|--------------------------------------|---------------------------------|-------------------------------|------------------------------|------------------------------|---|---|--|
| <p>Account Type Being Transferred:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Traditional</td> <td><input type="checkbox"/> SIMPLE</td> </tr> <tr> <td><input type="checkbox"/> Roth</td> <td><input type="checkbox"/> HSA</td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> Qualified Plan</td> </tr> <tr> <td><input type="checkbox"/> Education (CESA)</td> <td><input type="checkbox"/> Qualified Plan - Roth</td> </tr> </table> | <input type="checkbox"/> Traditional | <input type="checkbox"/> SIMPLE | <input type="checkbox"/> Roth | <input type="checkbox"/> HSA | <input type="checkbox"/> SEP | <input type="checkbox"/> Qualified Plan | <input type="checkbox"/> Education (CESA) | <input type="checkbox"/> Qualified Plan - Roth | | <p>To Equity Trust Account Type:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Traditional</td> <td><input type="checkbox"/> SIMPLE</td> </tr> <tr> <td><input type="checkbox"/> Roth</td> <td><input type="checkbox"/> HSA</td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> Qualified Plan</td> </tr> <tr> <td><input type="checkbox"/> Education (CESA)</td> <td><input type="checkbox"/> Qualified Plan - Roth</td> </tr> </table> | <input type="checkbox"/> Traditional | <input type="checkbox"/> SIMPLE | <input type="checkbox"/> Roth | <input type="checkbox"/> HSA | <input type="checkbox"/> SEP | <input type="checkbox"/> Qualified Plan | <input type="checkbox"/> Education (CESA) | <input type="checkbox"/> Qualified Plan - Roth |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> SIMPLE | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Roth | <input type="checkbox"/> HSA | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SEP | <input type="checkbox"/> Qualified Plan | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Education (CESA) | <input type="checkbox"/> Qualified Plan - Roth | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> SIMPLE | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Roth | <input type="checkbox"/> HSA | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SEP | <input type="checkbox"/> Qualified Plan | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Education (CESA) | <input type="checkbox"/> Qualified Plan - Roth | | | | | | | | | | | | | | | | | |

Check here if this is an inherited IRA

* Transfer of a tax-deferred account (Traditional, SEP, SIMPLE, Qualified Plan) to a Roth IRA is considered a taxable event.

B. INSTRUCTIONS FOR CURRENT CUSTODIAN

- The term "liquidate all assets and transfer proceeds" will result in all marketable securities to be sold and cash proceeds will be forwarded.
- The term "in-kind" refers to the re-registration of a stock, mutual fund, or non-traditional assets from the prior Custodian's name to Equity Trust Company. Please note that any "in-kind" transfers with listed securities will be handled by Mid Ohio Securities, member NASD/SIPC, an affiliate of Equity Trust Company.
- If only a partial transfer of certain asset(s) is desired, please list all assets to be liquidated or transferred in-kind in the spaces provided as well as mark the appropriate box. A copy of a recent statement (dated within 6 months) from your current Custodian is required.

| | | | |
|--|---|--|--|
| <p>Type of Transfer: (Check One)</p> | <input type="checkbox"/> Full Transfer <i>Liquidate* all assets and transfer as cash</i> | <input type="checkbox"/> Full Transfer Transfer all assets <i>in-kind</i> | <input type="checkbox"/> Partial Transfer (As Instructed below) |
| PARTIAL TRANSFER ONLY | | | |
| <p>List CASH Amount Being Transferred \$</p> | | | |
| LIST NON-TRADITIONAL ASSETS BELOW (Please provide a brief description) | | QUANTITY (All, # of Shares, or Value) | INSTRUCTIONS (Please check one box per asset) |
| 1. | | | <input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind |
| 2. | | | <input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind |
| 3. | | | <input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind |

*For all liquidation requests contact your current custodian to initiate the liquidation process.

6 ROTH CONVERSION VIA TRANSFER INSTRUCTIONS ONLY

A. ACCOUNT COMPATIBILITY If you aren't sure if your accounts will be compatible please visit our website at www.trustetc.com or call 1-888-382-4727 for assistance.

| | | | | | | |
|---|--|---------------------------------|------------------------------|--|--|---|
| <p>Account Type Being Converted*:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Traditional</td> <td><input type="checkbox"/> SIMPLE</td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> Qualified Plan** Tax Deferred</td> </tr> </table> | <input type="checkbox"/> Traditional | <input type="checkbox"/> SIMPLE | <input type="checkbox"/> SEP | <input type="checkbox"/> Qualified Plan** Tax Deferred | | <p>To Equity Trust Account Type:</p> <input type="checkbox"/> Roth |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> SIMPLE | | | | | |
| <input type="checkbox"/> SEP | <input type="checkbox"/> Qualified Plan** Tax Deferred | | | | | |

* Transfer of a tax-deferred account (Traditional, SEP, SIMPLE, or Qualified Plan) to a Roth IRA is considered a taxable event.

**QRP: Contact Plan Administrator for required paperwork

B. INSTRUCTIONS FOR CURRENT CUSTODIAN

- The term "in-kind" refers to the re-registration of a stock, mutual fund, or non-traditional asset from the prior Custodian's name to Equity Trust Company. Publicly traded securities can only be converted internally. Please call 888-382-4727 for further instructions. Use option 1 for new clients, option 2 for established clients.
- If only a partial conversion of certain asset(s) is desired, please list all assets to be transferred in-kind in the spaces provided as well as mark the appropriate box. A copy of a recent statement (dated within 6 months) from your current Custodian is required.

| | | | |
|--|--|--|--|
| <p>Type of Conversion: (Check One)</p> | <input type="checkbox"/> Full Conversion <i>All Cash and Non-Traditional assets in-kind</i> | <input type="checkbox"/> Full Conversion <i>Cash ONLY</i> | <input type="checkbox"/> Partial Conversion (As Instructed below) |
| PARTIAL CONVERSION ONLY | | | |
| <p>List CASH Amount Being Converted \$</p> | | | |
| LIST NON-TRADITIONAL ASSETS BELOW (Please provide a brief description) | | QUANTITY (All or # of Shares) | VALUE |
| 1. | | | |
| 2. | | | |
| 3. | | | |

Non-Traditional asset liquidations are initiated by the client. Please contact your current custodian for further instructions.

** Most Qualified Retirement Plans cannot be transferred "in-kind." Please contact your plan administrator before completing this form.

Account Number _____

7 WITHHOLDING INSTRUCTIONS (FOR CONVERSIONS ONLY)

- I elect **NOT** to have Federal Income Tax withheld.
- I elect to have Federal Income Tax withheld (10% applies if no amount is filled in).
- Please withhold _____% or withhold the set amount of \$_____.

8 PAYMENT OF FEES

How would you like to pay for any service-related fees associated with this transaction? By checking credit card on file, you authorize Equity Trust Company to charge this card for all service-related fees associated with this transaction (if applicable).

Choose a payment method: Credit Card on File Deduct Fees from Account Check Enclosed

INTERNAL USE ONLY

NOTE: For a new credit card, please complete the attached *Credit Card Form*. By completing the *Credit Card Form*, you authorize Equity Trust Company to charge this card for all service-related fees associated with this transaction.

9 INSTRUCTIONS FOR DELIVERY (Choose how you want your current custodian to deliver your assets to ETC.)

| Funds available immediately upon receipt | Funds available after 5 business days of receipt |
|--|--|
| <input type="checkbox"/> Incoming Wire Transfer : \$30 fee (Included in Express Transfer Service) | <input type="checkbox"/> Regular Check/Regular Mail <input type="checkbox"/> Regular Check/Overnight Mail |

WIRE TO:
Citibank
451 Montgomery Street
San Francisco, CA 94104
ABA: 321171184

For Credit To:
Equity Trust Company
Elyria, OH 44035
Account #: 204007330

Further Credit To:
IRA Client Name
IRA Account Number

OVERNIGHT MAIL:
Equity Trust Company
225 Burns Road
Elyria, OH 44035

REGULAR MAIL:
Equity Trust Company
P.O. Box 1319
Elyria, OH 44036

Make Checks Payable to:
Equity Trust Company Custodian
FBO Client Name, IRA Account #

Receiving Firm Information:
Equity Trust Company
Tax ID # 05-052743

Mutual Fund Registration:
Equity Trust Company Custodian
FBO Client Name, IRA Account #
P. O. Box 1529
Elyria, OH 44036

Register Physical Certificates to:
Equity Trust Company Custodian
FBO Client Name, IRA Account #

10 SIGNATURES FOR SELF-DIRECTED IRAs

- **A notary public CANNOT provide a Medallion Signature Guarantee.**
- **A signature guarantee can be obtained from your bank**
- **If your current custodian does not require a Medallion Signature Guarantee, you can simply sign and date this form.**

I certify that I have established or will establish a Self-Directed IRA with the Custodian/Trustee named below. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers and I agree to indemnify and to hold the Custodian/Trustee harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional for advice.

Signature of IRA Owner

Date

Authorized Officer to Place "Medallion Signature Guarantee" Stamp Here

LETTER OF ACCEPTANCE - (FOR OFFICE USE ONLY)

Equity Trust Company ID # 05-052743 accepts the appointment as successor custodian on behalf of the depositor and requests the transfer and/or liquidation of assets as instructed above.

Authorized Signature, Equity Trust Company: _____ Date: ____/____/____

The following is a list of documents required when an asset is being transferred. If the original document is not available a copy must be included at the time the **Account Transfer Form** is submitted.

| ASSET BEING TRANSFERRED* | DOCUMENTS REQUIRED |
|--|---|
| ENTITY: | |
| Limited Partnership | Certificate of Limited Partnership filed with the State, Limited Partnership Agreement signed by retirement account holder, Private Placement Memorandum and Subscription Agreement with investor questionnaire from the initial purchase |
| Limited Liability Company | Articles of Organization, Operating Agreement, Private Placement Memorandum and Subscription Agreement with investor questionnaire from the initial purchase |
| Land Trust | Land Trust Agreement |
| Private Stock/C-Corporation | Articles of Incorporation, By-Laws, Private Placement Memorandum and Subscription Agreement with investor questionnaire from the initial purchase |
| Joint Venture | Joint Venture Agreement |
| FOREX: | Copy of Foreign Currency Application |
| GENERAL: | |
| Mobile Homes | Mobile Home Title |
| Land Contract | Land Contract Agreement |
| Options | Option Agreement, Maturity Date |
| Annuities | Annuity Agreement |
| Structured Settlement | Purchase Agreement or Assignment showing it is titled to IRA |
| Lease Agreement | Lease Agreement |
| Oil & Gas Venture | <ul style="list-style-type: none"> • If not part of a Joint Venture, then only the Agreement • If part of a Joint Venture, the requirements of Joint Venture on Entity DOI |
| PROMISSORY NOTE: | |
| Corporate Debt / Equity (Unsecured Notes) | Certificate of LP filed with the State or Articles of Organization or Articles of Incorporation |
| Note Secured by Real Property | Copy of the note, recorded Deed of Trust/Mortgage and the assignment of the note and Deed of Trust/Mortgage |
| Note Secured by Collateral other than Real Property | Copy of the note stating the associated collateral and the assignment of the note and associated collateral |
| Unsecured Note | Copy of the note and the assignment of the note |
| REAL ESTATE: | |
| Real Estate (includes pre foreclosure, subject to's and short sales) | Copy of the recorded deed and the quit claim deed (or other deed) that will transfer ownership of the property |
| TAX LIEN: | Evidence of ownership from the county |
| *A copy of the Previous Custodian's Statement is required with all assets being transferred. | |

DO NOT FAX OR MAIL THIS PAGE

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

1 IRA ACCOUNT HOLDER INFORMATION

| | |
|---------------------|----------------|
| ACCOUNT HOLDER NAME | ACCOUNT NUMBER |
| EMAIL ADDRESS | |

2 ADD/REPLACE CREDIT CARD INFORMATION

Please choose whether you wish to add or replace a credit card on file.

Add card listed below Replace card on file Please include the last 4 digits (_____) of card being replaced.

| | | |
|---|------------------------------|---|
| NAME OF CARDHOLDER (as stated on front of card) | | CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard |
| BILLING ADDRESS | | |
| CITY | STATE | ZIP CODE |
| HOME PHONE | MOBILE PHONE | |
| CREDIT CARD NUMBER | EXPIRATION DATE (mm/yyyy) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CVC CODE | FOR INTERNAL USE ONLY | APPROVAL CODE |
| <input type="text"/> | | <input type="text"/> |

3 UPDATE CREDIT CARD INFORMATION

Name, last 4 digits of credit card number and card type required for verification.

| | | |
|---|------------------------------|---|
| NAME OF CARDHOLDER (as stated on front of card) | LAST 4 DIGITS OF CREDIT CARD | CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard |
| | <input type="text"/> | |

Complete only the information you would like to update.

| | | |
|-----------------|---------------------------|----------|
| BILLING ADDRESS | EXPIRATION DATE (mm/yyyy) | |
| | <input type="text"/> | |
| CITY | STATE | ZIP CODE |
| HOME PHONE | MOBILE PHONE | |
| | | |

SIGNATURE

IMPORTANT -- Please read before signing.

The signature below acknowledges that I have received, read and understand Equity Trust Company's IRA Custodial Agreement, Disclosure Statement and Fee Schedule found in the *IRA Custodial Account Agreement and Disclosure Statement*; 2. I acknowledge that the *IRA Custodial Account Agreement and Disclosure Statement* explains the duties, limitations on duties, and the rights of Equity Trust Company and depositor; and 3. By signing this form below, the depositor assumes complete responsibility for determining contribution eligibility and tax consequences of any and all contributions or distributions. The account holder accepts and agrees to all of the terms and provisions set forth in the *IRA Custodial Account Agreement and Disclosure Statement* and has read and accepted the terms of the Equity Trust Company Fee Schedule.

My signature below acknowledges that I have read and agree with Paragraph 8.04 or 9.04 of the IRA Custodial Account Agreement and Disclosure Statement.

SIGN & DATE

Credit Cardholder Signature

Date

IRA Account Holder Signature

Date