



For regular mail:
P.O. Box 685133
Austin, TX 78768

For overnight delivery:
600 Congress Avenue, Suite 400
Austin, TX 78701

Phone:
866.928.9394
512.637.5739

Fax:
512.495.9554

Website:
www.SDIRAServices.com

Internal use only

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Provide information about the account from which you wish to transfer or rollover.

ACCOUNT FROM WHICH YOU WISH TO TRANSFER/ ROLLOVER:	ACCOUNT TO RECEIVE YOUR TRANSFER/DIRECT ROLLOVER:
Account Number with Present Custodian or Plan Administrator <input type="text"/>	Your Name <input type="text"/>
Type of Account <input type="radio"/> Traditional IRA <input type="radio"/> SEP IRA <input type="radio"/> 401(k), 403(b), 457(b) or other Qualified Retirement Plan <input type="radio"/> Roth IRA <input type="radio"/> SIMPLE IRA	Your Social Security Number <input type="text"/>
Note: You may <u>initiate</u> a Direct Rollover from a 401(k) or other eligible Qualified Retirement Plan using this form. However, your Plan Administrator will require you to complete its plan distribution forms packet before processing.	Account Number with SDIRA Services <input type="text"/>
Name as it appears on the Account <input type="text"/>	Your Daytime Phone Number <input type="text"/>
Name of Custodian or Plan Administrator <input type="text"/>	Type of Account <input type="radio"/> Traditional IRA <input type="radio"/> SEP IRA <input type="radio"/> Roth IRA <input type="radio"/> SIMPLE IRA
Custodian's/Administrator's Physical Delivery Address <input type="text"/>	<input type="radio"/> Transfer/Direct Rollover of an IRA or eligible Qualified Retirement Plan for which you are the Spouse Beneficiary <input type="radio"/> Transfer/Direct Rollover of an Inherited IRA or eligible Qualified Retirement Plan <input type="radio"/> Transfer/Direct Rollover Due to Divorce
City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	
Phone Number for Custodian/Administrator <input type="text"/>	
<input type="radio"/> Check if this Transfer/Direct Rollover is:	

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Give instructions for how this transfer or direct rollover is to be processed.

- Complete Transfer/Rollover:**
Transfer or rollover all assets as indicated below, including any cash balance, and close my account.
- Partial Transfer/Rollover:**
Transfer or rollover 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="radio"/>	<input type="radio"/>			\$
<input type="radio"/>	<input type="radio"/>			\$
<input type="radio"/>	<input type="radio"/>			\$
<input type="radio"/>	<input type="radio"/>			\$
<input type="radio"/>	<input type="radio"/>			\$

*** Attach a copy of your most recent account statement with your Present Custodian or Plan Administrator to this form. ***

• Deduct any necessary fees and deliver this transfer/direct rollover as indicated below:

<input type="radio"/> Send Check by U.S. Mail <input type="radio"/> Send Check for Overnight Delivery	Make check payable as shown below. Self Directed IRA Services, Inc., Custodian FBO _____ IRA # _____ U.S. Mail Address: _____ Overnight Delivery Address: _____ P.O. Box 685133 600 Congress Avenue, Suite 400 Austin, TX 78768 Austin, TX 78701
<input type="radio"/> Wire Funds	Wiring Instructions: Horizon Bank 600 Congress Avenue Austin, TX 78701 ABA: 111907940 Account Name: SDIRA Services Custodial Account Account Number: 4515532 FCT: Accountholder Name _____ IRA Account # _____

• For any assets that are to be reregistered, send the necessary asset reregistration/assignment forms as indicated below:

<input type="radio"/> Send Forms by U.S. Mail <input type="radio"/> Send Forms for Overnight Delivery <input type="radio"/> Send Forms via _____	Assets should be reregistered as shown below. Self Directed IRA Services, Inc., Custodian FBO _____ IRA # _____ 600 Congress Avenue, Suite 400 Austin, TX 78701 Tax ID: 26-2637994
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• I instruct my Present Custodian/Plan Administrator to process my Required Minimum Distribution payment as indicated below:

If I am age 70½ or over or the beneficiary of an IRA, I authorize my Present Custodian to:	<input type="radio"/> Distribute my RMD or life expectancy payment to me prior to transferring my assets. <input type="radio"/> Segregate and retain my RMD or life expectancy payment amount. <input type="radio"/> Include the amount that represents my RMD or life expectancy payment in the transfer.
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3 Tell us how you want us to remit this form to your Present Custodian or Plan Administrator.

<input type="radio"/> UPS Ground If no selection is made, this request will be sent by UPS Ground Delivery to your Present Custodian.	<input type="radio"/> Overnight Choose one: ___ FedEx ___ UPS ___ Self Directed IRA Services, Inc. is authorized to deduct the \$25 overnight fee from the transfer of funds received in my Account. ___ Self Directed IRA Services, Inc. is authorized to charge FedEx or UPS account # _____.	<input type="radio"/> Fax to # _____ Attn _____ You must first verify your Present Custodian or Plan Administrator will accept a faxed copy and does not require an original signature.
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4 Sign below to authorize this transfer/direct rollover.

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 Self Directed IRA Services, Inc ("SDIRA Services") as Custodian. I agree to indemnify and hold harmless both my present Custodian/Plan Administrator and SDIRA Services 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 or Plan Administrator 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 Self Directed IRA Services, Inc.
- ★ 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.

<div style="text-align: center;"> </div> _____ Accountholder Signature	MEDALLION SIGNATURE GUARANTEE 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.
_____ Date	

5 Letter of Acceptance by Self Directed IRA Services, Inc.

The account for the above-named individual is a valid IRA and Self Directed IRA Services, Inc. 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 Self Directed IRA Services, Inc., IRA Custodian	_____ Date
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