



SOURCE \_\_\_\_\_

# IRA Transfer Request

Client Services  
 866.928.9394  
 512.637.5739  
 www.StrataTrust.com

Send to: (Please submit using one method)  
 Email: [IncomingTransfers@StrataTrust.com](mailto:IncomingTransfers@StrataTrust.com)  
 Fax: 512.495.9554  
 US Mail: P.O. Box 23149 Waco, TX 76702  
 Overnight: 7901 Woodway Drive, Waco, TX 76712

## Section 1 Account Information

<b>Account from which you wish to transfer:</b>		<b>Account to receive your transfer:</b>		
Account Number with Current 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		
<b>***To initiate a direct rollover from an employer-sponsored retirement plan, contact your plan administrator.</b>		STRATA IRA Number		
Name of Current Custodian		Your Daytime Phone Number		
Current 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 Cash/Assets to Transfer

<input type="checkbox"/> <b>Transfer All Available Cash</b> <input type="checkbox"/> <b>Transfer Exactly: \$ _____</b> <input type="checkbox"/> <b>Transfer in-kind/reregister all assets shown below:</b> <input type="checkbox"/> <b>Transfer in-kind/reregister only the following assets:</b>	<b>Select One: This is a</b> <input type="checkbox"/> Full Transfer (This will close my account) <input type="checkbox"/> Partial Transfer (This account will remain open)																		
<table border="1"> <thead> <tr> <th>Asset Description</th> <th># of Shares</th> <th>Approximate Value</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>\$</td> </tr> <tr> <td> </td> <td> </td> <td>\$</td> </tr> <tr> <td> </td> <td> </td> <td>\$</td> </tr> <tr> <td> </td> <td> </td> <td>\$</td> </tr> <tr> <td> </td> <td> </td> <td>\$</td> </tr> </tbody> </table>		Asset Description	# of Shares	Approximate Value			\$			\$			\$			\$			\$
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<p>***Attach a copy of your most recent account statement with your Current Custodian to this form.</p>																			

**Remit Cash 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

- Wire Funds

Wiring Instructions:

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

If no selection is made, STRATA will request your Current 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 required to make Mandatory Distributions, I instruct my Current 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 Current Custodian**

- UPS Ground  Overnight Select  FedEx  UPS  Fax # \_\_\_\_\_
- If no selection is made, this request will be sent by UPS Ground Delivery to the Current Custodian. \_\_\_\_\_ Deduct the overnight fee from my Account. \_\_\_\_\_ Charge my FedEx or UPS account # \_\_\_\_\_
- Attn \_\_\_\_\_ You must first verify the Current 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.
- STRATA permits an Accountholder to e-sign this Transfer Request. However, you should first check with your current Custodian to confirm whether they will honor it. Otherwise, they may reject this request which would delay your transfer.

**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 \_\_\_\_\_