



This form is to be used by all individuals transferring Assets In-Kind to IRA Services Trust Company. Please complete one (1) form for each incoming asset. This form is not required for the following assets: Certificate of Deposit, IRA ("Checkbook") LLC, Precious Metals, Publicly-Traded Assets, and Real Estate/Raw Land.

1. PERSONAL INFORMATION (*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

- Email
- Primary Phone

First Name*	Middle Name	Last Name*
Account Number	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. INVESTMENT NAME/DESCRIPTION

Name of limited partnership/business entity transferring to IRA Services Trust Company

3. QUESTIONNAIRE

1. Do you or any family member own any units/shares of this company outside of your IRA?

Yes

No

If yes:

What is the percentage of ownership you own outside of your IRA?

%

2. Are you or any family member a main decision-maker or majority owner of the company?

Yes

No

If yes:

How are you related to the family member? (Write "self" if yourself)

3. Are you or any family member employed by the company?

Yes

No

If yes:

How are you related to the family member? (Write "self" if yourself)

What position is held by the employee?

4. Have you or any of your family members received, or will receive, a personal gain based on your IRA making this investment in the company?

Yes

No

If yes:

Please explain the personal gain you or your family member will receive

5. Please provide any additional details regarding this asset transfer:

4. STATUS OF INVESTMENT ENTITY

Please tell us if any of the following apply to the Investment you have named in Section 2 of this form (please check all that apply):

The company is in bankruptcy, is pending bankruptcy proceedings, or is no longer in business

The company is under investigation by a Government entity, such as the SEC, FBI, or IRS

FOR PROMISSORY NOTES OR LOANS ONLY: This note has defaulted or matured or I am not receiving payments on this note pursuant to our agreement

NONE OF THESE APPLY

5. INVESTMENT ASSET CONTACT INFORMATION

Please provide the contact information for the investment asset that you are transferring to IRA Services Trust Company. This could include, but is not limited to, the investment company's manager(s), the Investor Relations team, or the Transfer Agent of the investment.

THIS SECTION SHOULD NOT BE FILLED OUT WITH YOUR IRA CUSTODIAN'S INFORMATION

Company Name*		Contact Person	Department	
Address*				
City*		State/Province*	Zip/Postal Code*	Country
Main Phone* XXX-XXX-XXXX	Alternate Phone XXX-XXX-XXXX	Fax XXX-XXX-XXXX		Email

Please note that we will not be able to accept your investment without a WRITTEN confirmation of the transfer. IRA Services Trust Company will send a request to your Investment Sponsor in order to obtain this written confirmation. Your involvement will become necessary if your Investment Sponsor does not respond to our request.

6. SIGNATURE

Participant Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
transfers-in@IRAServices.com

Fax
(650) 745-2907

Regular mail
IRA Services
PO Box 7080
San Carlos, CA 94070-7080

Overnight mail
IRA Services
1160 Industrial Road, Unit 1
San Carlos, CA 94070-4128