

Contact Center: (800) 248-8447 | www.IRAServices.com

A transfer occurs when you authorize your current IRA custodian/trustee to transfer assets from your existing account to your IRA Services Trust Company account. You may only transfer cash and acceptable assets to your IRA Services Trust Company account. Therefore, any non-acceptable assets at your existing custodian/trustee must be liquidated and delivered in cash. This form authorizes a direct transfer of cash and acceptable assets from your current custodian/trustee to IRA Services Trust Company for deposit into your IRA Services account.

DO NOT COMPLETE THIS FORM IF: You are intending to transfer a 401k, 457, 403b, governmental or other tax-exempt employer/organization retirement plan (i.e. Profit Sharing Plans, Defined Benefit Plans, etc.) Movement of assets from these types of plans cannot be processed as a *TRANSFER*. You **MUST** contact your Plan Administrator to initiate a *ROLLOVER* of these types of plans.

Once the form is completed, you must mail the original form with your original ink signature to IRA Services Trust Company:

Regular mail	Overnight mail
IRA Services	IRA Services
PO Box 7080	1160 Industrial Road, Unit 1
San Carlos, CA 94070-7080	San Carlos, CA 94070-4128

You must also submit your most recent account statement* from the financial institution from which you are transferring an account.

*Account statement must show: financial institution name, recent date (within 6 months), account registration (full name), account type, account number, cash value, and if transferring assets in-kind: asset description(s) and value(s).

Note: Online print-outs of your account summary may not have all the information we need to verify; please obtain the most recent financial statement. Please contact your Custodian if you are not sure how to obtain your financial statement. If your Custodian does not provide financial statements, please provide an account verification letter signed by your Custodian on their letterhead. The letter must be recently dated and must include: your name, account number, account type, cash amount to be transferred and/or list of asset(s) (and their values) to be transferred.

If you need assistance with completing this form or have any questions regarding these instructions, please call us at 1-800-248-8447.

1. PERSONAL INFORMATION

Please fill in your personal information. Please include your social security number; if there is no social security number provided, we will not establish your account. Please also provide a valid email address, as we will be contacting you by email regarding your account.

2. ACCOUNT TO TRANSFER

This section is for information regarding the account from which you are transferring.

Account Type:	Select the type of IRA account you have at the financial institution currently holding the IRA you wish to transfer. Please note we cannot transfer 401k, 457, 403b and other such qualified retirement plans (profit sharing plans, defined benefit plans, etc). Your request will be rejected if you indicate this type of plan under "Other". You must contact your Plan Administrator to initiate a Rollover of these types of plans. Check the box on the form if the account being transferred is an Inherited IRA
Account No.:	Your account number at the financial institution currently holding the IRA you wish to transfer. Only one account number allowed for each form. If you are transferring multiple accounts, please complete a separate form for each account, and submit the most recent statement for each account.
Custodian Name:	The name of the financial institution currently holding the IRA you wish to transfer. Only one Custodian per form.
Custodian Address:	The address of the financial institution named above where IRA Services is to forward your transfer request to. Please call your financial institution for this information if you are not sure of the address.
Contact Name, Phone and Fax:	The name of your representative (if you have one) at the above named financial institution, the phone number (required) and the fax number (optional) of the financial institution's Transfers Department.

Expedited Processing and Overnight Delivery*: You may request expedited processing of your Transfer Authorization at an additional cost. Regular processing time to forward your request to your financial institution is 2-3 business days. You may also request that your form be sent by Overnight Delivery via FedEx. Your IRA Services account will be charged our overnight delivery fee plus the shipping cost. If you provide a FedEx/UPS account number, we will charge the shipping cost to that account number, and will only charge our overnight delivery fee to your IRA Services account. Please see our *FEE SCHEDULE & FINANCIAL DISCLOSURE* for all related additional costs.

**Please ensure you provide the Overnight Delivery address of your financial institution under "Custodian Address" or processing delays may occur. Default delivery method is USPS Priority Mail (2-3 business days) if Overnight Delivery is not chosen.*

Note: Expedited processing is applicable only to IRA Services Trust's end of the transfer process; you are responsible for contacting your Custodian if you require expedited processing on their end as well.

3. CASH / ASSETS TO TRANSFER

If you are a first-time investor with IRA Services, it is recommended that you transfer at least \$600 more than your intended investment amount so there are sufficient funds to cover the amount of your investment, any fees due, the investment transaction fees and the \$500 minimum balance requirement. Your investment request will not go out if you have insufficient funds in your account to cover fees and our minimum balance requirement.

To transfer cash:

You **MUST** provide your financial institution with **liquidation instructions** prior to submitting this request to IRA Services Trust Company or delays will occur. All assets must be in a cash position ready to transfer. If you wish to transfer cash, select one of the following options:

- Transfer ALL available cash – Choose this option to transfer all available cash from your account. Indicate whether the cash transfer is a “full” or “partial” transfer. Also indicate if the account should or should not be closed after your financial institution completes the transfer.
- Transfer EXACTLY – Choose this option to transfer an exact amount. Remember to transfer enough for our fees and our minimum cash balance.

To transfer assets in-kind:

IMPORTANT: Do not select either of the following two options if you only intend to transfer cash

- Transfer ALL assets in-kind (including cash)
- Transfer ONLY the following assets in-kind

If you choose either of these options, you understand that an “in-kind” transfer is one in which we will transfer your asset(s) “as-is” without the need for you to liquidate and re-purchase the asset(s). A re-registration fee will apply per asset transferred in-kind. Please see our *FEE SCHEDULE & FINANCIAL DISCLOSURE*. Please provide on a separate page the most current contact information of your asset sponsor(s) (company name, address, contact name, phone number, fax number & email address), so we may contact them on your behalf for the re-registration of your asset(s).

Please submit an “Incoming Asset Questionnaire” form for each asset that you will transfer in-kind. Please answer each question as it relates to your **PERSONAL** interest in the investment. Please **DO NOT** submit the ‘Incoming Asset Questionnaire’ form for the following asset types: Certificate of Deposit (CD), IRA LLC where you have ‘check book control’, Precious Metals, Publicly-Traded Securities and Real Estate (direct ownership in property).

Transferring real estate and assets secured by real estate:

If you are transferring these assets you may be required to draft a deed transferring or assigning title of the property to “IRA Services Trust Company CFBO <Client Name>”. Please contact your financial institution if they will require you to provide them with such a deed. If so, please have a deed prepared to send with your Transfer Authorization form. You may contact an attorney or real estate professional to assist you with drafting a deed. If your financial institution does not require you to send a prepared deed with your Transfer Authorization, IRA Services will be contacting you to have the deed prepared at a later date.

Please note that the deed will have to be signed by an authorized signer at the financial institution currently holding title to the property in order to release it to IRA Services Trust Company. The deed will have to be recorded at the appropriate county, and you must provide IRA Services with the recorded deed as evidence of the transfer of title.

4. DELIVERY INSTRUCTIONS FOR CUSTODIAN (If you do not choose an option, your financial institution will choose for you.)

Mail:	Select this option if you would like your financial institution to send IRA Services Trust Company a check* and/or in-kind transfer documents by mail.
Wire:	Select this option if you would like your financial institution to wire to IRA Services your funds. Please be advised that we charge an incoming wire fee per wire. Please see our <i>FEE SCHEDULE & FINANCIAL DISCLOSURE</i> . We do not accept cash transfers by ACH/ Direct Deposit.
DTC:	Select this option if you would like your publicly-traded securities (stocks, bonds, acceptable mutual funds, etc) to be transferred electronically DTC. We do not accept cash transfers by DTC.

*IRA Services Trust Company has a check hold policy. Checks received from your financial institution will be posted to your account one business day after it is received, however the funds will be held for a maximum of 3 business days prior to becoming available. Please note that this hold period is subject to change without notice. If you are having funds wired, this policy does not apply; your funds will be available the day they post to your account.

5. PARTICIPANT AUTHORIZATION

Please sign the line indicating “Participant Signature”, and fill in the date you signed it.

6. IRA SERVICES TRUST COMPANY'S LETTER OF ACCEPTANCE

This section is for IRA Services to complete. Do not complete this section.

Have you attached an account statement?

Failure to submit a statement with your transfer authorization form will result in delays with processing your request.

Please attach your most recent account statement* (all pages) from the financial institution from which you are transferring.

***Account statement must show:** financial institution name, recent date (within 6 months), account registration (full name), account type, account number, cash value, and if transferring assets in-kind: asset description(s) and value(s).

Note: Online print-outs of your account summary may not have all the information we need to verify; please obtain the most recent financial statement. Please contact your Custodian if you are not sure how to obtain your financial statement. If your Custodian does not provide financial statements, please provide an account verification letter signed by your Custodian on their letterhead. The letter must be recently dated and must include: your name, account number, account type, cash amount to be transferred and/or list of asset(s) (and their values) to be transferred.

We appreciate your diligence in ensuring we are able to provide you with the best service possible by providing us with your full account statement!



IMPORTANT: Please read the preceding instruction sheet thoroughly prior to completing this form. If this form is completed incorrectly, delays in funding your account will occur.

DO NOT complete this form if: You are intending to rollover a 401k, 457, 403b, governmental or other tax-exempt employer/organization retirement plan (i.e. Profit Sharing Plans, Defined Benefit Plans, etc.) Movement of assets from these types of plans cannot be processed as a TRANSFER. You **MUST** contact your Plan Administrator to initiate a ROLLOVER of these types of plans.

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*	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. ACCOUNT TO TRANSFER

Read the instruction sheet prior to checking these boxes. In checking either of these boxes, you acknowledge and accept the terms and fees associated with these services.

Check this box if you would like your request **EXPEDITED**

Check this box if you would like IRA Services to forward this request to your Custodian by **OVERNIGHT DELIVERY****

**Charge cost to FedEx

Account #:

If no account # is provided, it will be charged to your IRA Account.

Account Type (select one below):

Check this box if this is an inherited account

You **MUST** submit a copy of your most recent statement from the Custodian you list below. We will **NOT** process your request without it.

Traditional IRA	Roth IRA	SEP IRA
SIMPLE IRA	Coverdell Education Savings Account	Other*: _____

* You may not TRANSFER a 401k, 457, 403b, profit sharing plan, defined benefit plan, Keogh, or other similar qualified retirement plan. Please read the Instruction Sheet for more information or call (800) 248-8447 for assistance.

Account Number (one per form)	Custodian Name		
Custodian Address			
City	State/Province	Zip/Postal Code	
Contact Name or Attention To (optional)	Contact Phone XXX-XXX-XXXX	Contact Fax (optional)	

3. CASH / ASSETS TO TRANSFER

IF TRANSFERRING ASSETS IN-KIND

Please provide on a separate page the most current contact information of your investment sponsors (company name, address, contact name, phone number, fax number & email address). We cannot complete your request without this.

**If you are transferring Real Estate or assets secured by Real Estate, please read the Instruction Sheet for more information. Fee may apply.

If you are transferring CASH, you **MUST** provide your financial institution with appropriate LIQUIDATION INSTRUCTIONS prior to submitting this form to IRA Services unless your custodian will liquidate upon receipt of our request.

Transfer ALL available cash*	SELECT ONE: This is a...	
	Full Transfer (This will close my account)	Partial Transfer (This account will remain open)
Transfer EXACTLY*: \$ _____	*By selecting this option, I confirm that I have provided my financial institution with liquidation instructions prior to submitting this form to IRA Services.	

If transferring assets in-kind, please complete one Incoming Asset Questionnaire for each asset.

Transfer ALL assets in-kind** (including cash)	OR	Transfer ONLY the following assets in-kind** (please attach a separate page if necessary):
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Asset Name	No. of Shares	Value (in \$ amount)

4. DELIVERY INSTRUCTIONS FOR CUSTODIAN

Please choose from the options below on how you would like your Custodian to deliver your cash/assets to IRA Services. If no option is selected, your Custodian will choose for you.

<p>Mail (For checks & in-kind documents)</p>	<p>Send checks and "in-kind" transfer documents (if applicable) to: IRA Services PO Box 7080 San Carlos, CA 94070-7080 Make checks payable to "IRA Services Trust Company CFBO <Participant Name> <IRA Services Account Number>"</p>	<p>For overnight deliveries: IRA Services 1160 Industrial Road, Unit 1 San Carlos CA 94070-4128</p>
<p>Wire (Incoming Wire Fee applies) <i>Do not send cash via ACH</i></p>	<p>Institution Name: Fremont Bank Beneficiary Acct Name: IRA Services Trust Company Routing Transit No. (ABA): 121107882 Beneficiary Acct No.: 19902328 For Further Credit: "FBO <Participant Name> & <IRA Services Account Number>"</p>	
<p>DTC (For publicly traded assets only such as stocks, bonds, mutual funds, etc.) <i>Do not send cash via DTC</i></p>	<p>Firm: RBC Capital Markets DTC No.: 235 Account Title: IRA Services Trust Company, Custodian Account No.: 319-64421 For Further Credit: All assets held will reflect FBO: [Participant Name & Account Number]</p>	

5. PARTICIPANT AUTHORIZATION

By signing below, you acknowledge that the appointment of IRA Services Trust Company as custodian will become effective upon receipt of the assets from the prior custodian/trustee. You further acknowledge that IRA Services Trust Company assumes no liability for the action or inaction of the prior custodian/trustee as to the proper and timely transfer of funds.

- Direct IRA Services and the delivering firm to act on all instructions given on this form, including transferring assets to IRA Services.
- Authorize the delivering firm to sell any non-transferable money fund shares, and any shares of other mutual funds that you have requested be sold, and transfer the proceeds as cash.
- Accept that IRA Services is not responsible for changes in the value of assets that may occur during the transfer process.
- Affirm that you are aware of any tax or financial implications that may arise in connection with this transfer or with the sale or liquidation of any assets prior to transfer, including penalties, fees, financial losses, or losses of product features or benefits.
- Authorize the delivering firm to contact you about any assets that cannot be transferred.
- Authorize the delivering firm to deduct from your account any fees that you owe, and, if necessary, to sell assets in your account to pay those fees.
- Instruct the delivering firm to transfer any physical certificates in good deliverable form, including any necessary tax waivers.
- Authorize the delivering firm to cancel any open orders on your account when it receives this form.

All retirement accounts:

- Affirm, if you are 70½ or older, that this transfer will not violate IRS rules on required minimum distributions.

SIMPLE IRAs

- Accept that the Date of First Participation will be the date that contributions are first deposited to your SIMPLE IRA at IRA Services by your employer, unless you provide a Date of First Participation.

Differences in owner name(s) or account type

- Acknowledge the existence of any differences in the owner name(s) or account type between Section 1 and Section 2.

You acknowledge that IRA Services, Inc. and IRA Services Trust Company and their representatives do not provide tax, legal or investment advice; that the Account is self-directed; and that You assume full responsibility for this transaction. IRA Services, Inc. and IRA Services Trust Company are not responsible for and do not guarantee the products, services or performance of any self-directed investment. You release and agree to indemnify and hold harmless IRA Services, Inc. and IRA Services Trust Company, their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns from liability for any adverse consequences that may result from this transaction.

You certify that the information and instructions provided, and the elections made by and through this IRA Transfer Authorization, are true and correct. IRA Services Trust Company may justifiably rely upon the instructions and elections made herein and is authorized to deposit the funds or securities in the manner provided by this IRA Transfer Authorization.

Participant Signature X	Date (MM/DD/YYYY)
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6. IRASERVICES TRUST COMPANY'S LETTER OF ACCEPTANCE (This section is for IRA Services to complete. NOT to be completed by Participant.)

IRA Services Trust Company accepts its appointment as Custodian.
 (Tax ID: 26-2627205)



Authorized IRA Services Signature X
Date (MM/DD/YYYY)

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



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):

<input type="checkbox"/> The company is in bankruptcy, is pending bankruptcy proceedings, or is no longer in business
<input type="checkbox"/> The company is under investigation by a Government entity, such as the SEC, FBI, or IRS
<input type="checkbox"/> 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
<input type="checkbox"/> 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