



Use this form if you want to liquidate your asset(s) into cash. Your liquidation request will be initiated within 3-5 business days upon receipt of this form, unless you select "Expedited Service" in Section 2.

## 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. LIQUIDATION INSTRUCTIONS

<b>Expedited Service</b>	Check this box if you want this request to be expedited. Your request will be initiated within 1 business day upon receipt of this form in good order. An expedited processing fee will apply (see <i>FEE SCHEDULE &amp; FINANCIAL DISCLOSURE</i> ).
<b>Overnight Delivery</b>	Check this box if you want your liquidation request to be sent by overnight mail (via FedEx) to your asset sponsor. Overnight delivery fee + shipping cost apply (see <i>FEE SCHEDULE &amp; FINANCIAL DISCLOSURE</i> ).  Optional: Charge shipping cost to FedEx Account No.: _____ If no account number provided, we will charge it to your IRA account.

List the asset(s) you wish to liquidate: (A liquidation fee will apply per asset liquidated; see *FEE SCHEDULE & FINANCIAL DISCLOSURE*)

Asset Name	Asset Sponsor Telephone No. (required)	No. of Shares/Units		Dollar Amount
			or	
			or	
			or	
			or	
			or	
			or	

## 3. DELIVERY INSTRUCTIONS (How do you want cash to be sent to IRA Services from your asset sponsor?)

<b>Send by check</b>	Send via (select one): Regular mail Overnight mail  Optional: Charge shipping cost to FedEx Account No.: _____ If no account number is provided, your asset sponsor may charge for the cost of shipping; contact your asset sponsor for more details.
<b>Send by wire</b>	IRA Services charges a \$15 incoming wire fee. Please note that your asset sponsor may charge an outgoing wire fee; contact your asset sponsor for more details.

#### 4. FURTHER INSTRUCTIONS (Please select all that apply. Default is the first option if nothing is selected.)

Once my assets have been liquidated into cash:

I would like the cash to be held in my Custodial Cash Account until further notice

I would like the cash to be distributed, I have attached a *DISTRIBUTION REQUEST* form

I would like the cash to be used for an investment purchase, I have attached an *INVESTMENT AUTHORIZATION* form

I would like the cash to be used to pay an expense, I have attached an *EXPENSE PAYMENT REQUEST* form

Other (please specify): \_\_\_\_\_

#### 5. AUTHORIZATION

I hereby acknowledge that I am solely responsible for the liquidation request I am making. I hold harmless, protect and indemnify the Custodian and Administrator from and against any and all liabilities, losses, damages, expenses and charges that the Custodian and Administrator may sustain or might sustain resulting directly or indirectly from my investment. I acknowledge that I am solely responsible for the success or failure of this investment. I acknowledge that if I do not provide a notarized signature, IRA Services Trust Company may contact me for verbal confirmation of my liquidation request, which may cause delays if I cannot be reached at the phone number provided in Section 1 of this form or any of my phone number(s) on record. I hereby authorize the liquidation of the asset listed above for my IRA Services Trust Company account. I understand that the cash will be deposited into my Custodial Cash Account until further instruction from me.

Signature of Participant

Date (MM/DD/YYYY)

X

#### 6. SIGNATURE NOTARIZATION

**Certificate of Acknowledgment of Notary Public** *Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

State of \_\_\_\_\_

in the County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known to me or satisfactorily proven to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Name and Signature of Notary

▼ Notary Seal/Stamp ▼

Title of Officer

My commission expires (MM/DD/YYYY)

#### DELIVERY INSTRUCTIONS

**Email**  
transfers-out@IRAServices.com

**Fax**  
(650) 745-2932

**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