

This form documents the rollover of your asset to AdvantaIRA Trust, LLC. **AdvantaIRA TRUST WILL NOT INITIATE THE ROLLOVER.** Contact your current custodian to roll over your assets to AdvantaIRA Trust. For multiple transactions, please use a separate form for each. Use this form to:

- **Document** your rollover contribution to AdvantaIRA Trust (take receipt of the assets for up to 60 days before reinvesting in a new retirement plan).
- **Document** your direct rollover contribution (move assets directly from your qualified retirement plan to a new retirement plan).

1 PERSONAL INFORMATION

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Social Security Number
Legal Address		City, State, Zip
Phone	AdvantaIRA Trust Account Number	

2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee		Account Number
Office Address:		City, State, Zip
Phone Number	Contact Name (optional)	Type of Plan you are rolling over from: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> ESA <input type="checkbox"/> HSA <input type="checkbox"/> Other (PS, MP, DB, 401k, 403(b), 457) _____

3 ROLLOVER DETAILS

I am an eligible person to perform this transaction: (Select one)

Plan Participant
 Spouse beneficiary of account
 Non-spouse beneficiary of account
 Responsible Individual
 Ex-spouse of account due to divorce/legal separation

ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN

To roll over CASH, please follow the instruction below. Contact our office for wire instructions.

Cash: Please make check payable to: **AdvantaIRA Trust, LLC** (Reference Client Name & Account Number on the Check)

To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description	Amount

4 SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of an account application. I understand the rules and conditions applicable to a (check one) Rollover Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at AdvantaIRA Trust or any of its licensees has authority to agree to anything different than my foregoing understandings of AdvantaIRA Trust policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of \$ _____ as a rollover contribution. **If this is an Indirect Rollover, I further certify the following by signing this form:**

A. This rollover contribution is being made within 60 days after my receipt of funds from another IRA.

B. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a rollover distribution from any IRA which was subsequently rolled over to another IRA.

C. I am not rolling over any Required Minimum Distributions with respect to the distributing plan.

Your Signature: _____ Date: _____