

Use this form to transfer funds directly from your existing IRA to your AdvantaIRA Trust, LLC.

**1 PERSONAL INFORMATION**

<b>Name</b> <i>(Your name as it appears in your plan)</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		<b>Social Security Number</b>
<b>Legal Address</b>		<b>City, State, Zip</b>
<b>Phone</b>		<b>AdvantaIRA Trust, LLC Account Number</b>

**2 CURRENT CUSTODIAN/TRUSTEE**

<b>Name of Custodian/Trustee</b>		<b>Account Number</b>
<b>Transfer Department Address</b>		<b>City, State, Zip</b>
<b>Phone Number</b>	<b>Contact Name</b> <i>(optional)</i>	<b>Type of Account</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> HSA <input type="checkbox"/> ESA

**3 TRANSFER DETAILS**

<input type="checkbox"/> <b>Option One: Cash Transfer</b> <i>(Funds must be liquidated prior to request)</i> <input type="checkbox"/> <b>Complete</b> (liquidate and send all proceeds) <input type="checkbox"/> <b>Partial - Send ONLY \$</b> _____ <b>Please send cash via:</b> <input type="checkbox"/> Check <input type="checkbox"/> Wire	<input type="checkbox"/> <b>Option 2: In-Kind Transfer</b> <i>(Transfer Real Estate, LLCs, Notes, etc.)</i> <input type="checkbox"/> <b>Complete</b> (Send all assets listed below and cash) <input type="checkbox"/> <b>Partial - Send ONLY the assets listed below</b> <b>Please send cash via:</b> <input type="checkbox"/> Check <input type="checkbox"/> Wire	
<b>How do you want your transfer form sent to your current custodian?</b> <input type="checkbox"/> Mail (No charge) <input type="checkbox"/> Overnight (\$30 Fee)		
Asset Description (For Non-Cash Transfers Only)		Amount

**4 SIGNATURE AND ACKNOWLEDGEMENT**

- I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self directed account through execution of the account application.
- I understand the rules and conditions applicable to an Account Transfer
- I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ACCEPTANCE OF RECEIVING CUSTODIAN**

Pursuant to a limited written delegation First Trust Company of Onaga, as Custodian ("Custodian"), has authorized AdvantaIRA Trust, LLC to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt, to the Account established by AdvantaIRA Trust, LLC on your behalf. First Trust Company of Onaga ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR ACCOUNT.

AdvantaIRA Trust, LLC on behalf of Custodian, First Trust Company of Onaga

By: \_\_\_\_\_ **Type of Account**  
 Traditional  Roth  SEP  
 Date: \_\_\_\_\_  SIMPLE  HSA  ESA  
 Account #: \_\_\_\_\_  Beneficiary IRA