

Please use this form to:

- **Document** your direct rollover contribution directly from an employer sponsored plan (401, 403b, 457, TSP, pension, etc.) to your new account; or
- **Document** your indirect rollover contribution to your new account (if you have taken a distribution from a retirement plan and need to roll the funds in within 60 days)

For a direct rollover, Advanta IRA will NOT initiate the rollover. You must contact the administrator of your retirement plan to begin the process. This form simply documents the funds that will be received into your new account.

1 PERSONAL INFORMATION

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

2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee		Account Number (if applicable)
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"/> Employer Plan

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

ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN

To rollover cash, please instruct your plan administrator to make the check payable as follows:

Cash: Please make check payable to: **Advanta IRA FBO** _____ (your name)

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/Value

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 Advanta IRA or any of its licensees has authority to agree to anything different than my foregoing understandings of Advanta IRA policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of \$ _____ as a rollover contribution. **By signing this form, I certify that I am completing this rollover within:**

A. 60 calendar days following the day I received the assets, I have not performed a rollover of these assets from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution

B. If I am a non-spouse beneficiary, this is a direct roll over from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

Your Signature: _____ Date: _____