

ROTH
IRA TRANSFER REQUEST**PART 1. RECIPIENT***Individual requesting the transfer*

Name (First/MI/Last) _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

ACCEPTING ACCOUNT TYPE (Select one) Roth IRA Inherited Roth IRA**PART 2. ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN***To be completed by the Roth IRA trustee or custodian receiving the assets*Name **Premier Trust**Address Line 1 **4465 So. Jones Blvd.**City/State/ZIP **Las Vegas, NV 89103**Phone **702-507-0750**Contact Name **K.C. or Kathy K.****PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT ROTH IRA OWNER****RELATIONSHIP TYPE** (Select one) I am the current Roth IRA owner. I am the former spouse of the current Roth IRA owner. I am the spouse beneficiary of the original Roth IRA owner transferring assets to my own Roth IRA. I am the beneficiary of the original Roth IRA owner transferring assets to an inherited Roth IRA.**PART 4. ROTH ACCOUNT TRANSFER INFORMATION**

Name (First/MI/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one) Roth IRA Inherited Roth IRA**PART 5. TRUSTEE/CUSTODIAN HOLDING THE FUNDS**

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

Fax # for Transfer Requests _____
(if applicable)**PART 6. LIFE EXPECTANCY PAYMENT INSTRUCTIONS***To be completed if the recipient is a beneficiary receiving life expectancy payments***IF YOU HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR THIS YEAR, COMPLETE THE FOLLOWING.** (Select one) Distribute my life expectancy payment to me before transferring the Roth IRA assets. Retain my life expectancy payment amount. I understand that I am responsible for satisfying my life expectancy payment. Include the amount that represents my life expectancy payment in the transfer. I understand that I am responsible for satisfying my life expectancy payment.

Name of Recipient _____, Account Number _____

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)* **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

 Entire Roth IRA Balance This Transfer Will Close the Current Roth IRA**MAKE PAYABLE TO** *(If the accepting IRA type is an inherited Roth IRA, the Name of Recipient must identify both the recipient and the original Roth IRA owner.)*

Premier Trust, Inc.

as Custodian of

Name of Accepting Roth IRA Trustee or Custodian_____
Roth IRA_____
Name of Recipient**ASSET HANDLING** *(Investments identified below should be transferred In-Kind)*

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 8. SIGNATURES

I authorize the transfer of these Roth IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Roth IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

Signature of Roth Account Owner

*** N/A ***

Date (mm/dd/yyyy)_____
Notary Public/Signature Guarantee *(If required by the trustee or custodian)*_____
Date (mm/dd/yyyy)_____
Authorized Signature of Accepting Custodian_____
Date (mm/dd/yyyy)