



# 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 Insight Credit Union

Address Line 1 P.O. Box 4900

Address Line 2 \_\_\_\_\_

City/State/ZIP Orlando FL 32802-4900

Phone 407-426-6000 Organization Number \_\_\_\_\_

Contact Name \_\_\_\_\_

## 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. CURRENT ROTH IRA OWNER

Name (First/MI/Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

### CURRENT ACCOUNT TYPE (Select one)

- Roth IRA
- Inherited Roth IRA

## PART 5. CURRENT ROTH IRA TRUSTEE OR CUSTODIAN

Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

## 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

**Recurring Transfer**

Transfer Amount \_\_\_\_\_ Transfer Start Date \_\_\_\_\_

**Frequency** *(Select one)*  Monthly  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

**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.)*

\_\_\_\_\_ as  Trustee or  Custodian of  
Name of Accepting Roth IRA Trustee or Custodian  
\_\_\_\_\_ Roth IRA  
Name of Recipient

**ASSET HANDLING** *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

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.

**X** \_\_\_\_\_  
Signature of Recipient Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Notary Public/Signature Guarantee *(If required by the trustee or custodian)* Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Authorized Signature of Accepting Trustee or Custodian Date (mm/dd/yyyy)