

**IMPORTANT:** For multiple transactions, please use a separate form for each. Use this form to make a *rollover contribution* (take receipt of the assets for up to 60 days before reinvesting in a new retirement plan) or *direct rollover contribution* (move assets directly from your qualified retirement plan to a new retirement plan).

Please return this completed form (along with your Application or Adoption Agreement, if you are opening a new account) to your Administrator.\*

**Administrator:** Entrust Administration, Inc.

\*The name of the company that performs record keeping and administration of your plan on behalf of custodian.

**A. PERSONAL INFORMATION**

**Name** (Your name as it appears in your plan) \_\_\_\_\_

**Social security number** (Required) \_\_\_\_\_ **Phone** \_\_\_\_\_

**Legal address** (Required) \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**B. WHERE ARE YOUR ASSETS/FUNDS CURRENTLY HELD:**

**Name of Custodian/Trustee** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **Contact name** \_\_\_\_\_ **Plan Type** \_\_\_\_\_

**C. THE TYPE OF ACCOUNT THAT YOU ARE ROLLING ASSETS OVER TO (CHECK ONE):**

Traditional  Roth  SEP  SIMPLE  ESA  HSA  Profit Sharing (including 401(k))  Money Purchase Plan  Defined Benefit Plan  Other

**D. VERIFY THAT YOU ARE ELIGIBLE TO PERFORM THIS TRANSACTION - SELECT ONE:**

IRA Holder, Responsible Individual or Plan Participant  Trustee of Plan  Beneficiary of Account  Ex-Spouse of account due to divorce/legal separation

**E. SIGNATURE - PLEASE PRINT THIS FORM FIRST, THEN SIGN AND MAIL THE DOCUMENT TO YOUR ENTRUST OFFICE. PLEASE NOTE: YOUR CURRENT PLAN MAY REQUIRE ADDITIONAL DOCUMENTATION. PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:**

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 the \_\_\_\_\_ (Type of Account) 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 Entrust or any of its licensees has authority to agree to anything different than my foregoing understandings of Entrust 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 and; B. if this is an IRA to IRA Rollover, I have not performed a rollover from the IRA within the last 12 months; C. and the rollover contribution DOES NOT contain my Required Minimum Distribution.**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**F. INDICATE WHAT ASSETS YOU ARE MOVING. PLEASE ATTACH YOUR MOST RECENT STATEMENT FROM YOUR CURRENT CUSTODIAN**

Asset description	Amount

Delivery instructions are attached.  Current statement is attached.