



IRA ROLLOVER/ DIRECT ROLLOVER FORM

Use this form for all account types:
Roth • SEP • Simple • Traditional • Beneficiary
Traditional • Beneficiary Roth • HSA • ESA
(This form is not for use for any rollover to a Roth IRA)

Mailing Address:
American IRA, LLC
137 Broad Street
Asheville, NC 28801

Phone:
1-866-7500-IRA(472)
828-257-4949

Fax :
828-257-4948

Website:
www.americanira.com

Account Holder Information

1 **Account Holder:** **Account No.:**

Residence Address:

Birthdate: **SSN:** **Home Phone:**

Transfer Instructions

2 This form documents the rollover of your asset to American IRA, LLC WILL NOT initiate the roll over. Contact your current custodian and/or administrator to roll over your assets to American IRA, LLC For multiple transactions, please use a separate form for each. Use this form to:

- * Document your rollover contribution to American IRA, LLC
(Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan).
- * Document your direct rollover contribution
(Move assets directly from your qualified retirement plan to a new retirement plan).

Current Administrator/Custodian/Trustee (Where your funds are currently held at)

3 **Name of Administrator/Custodian/Trustee:** **Account number:**

Office address:

City: **State:** **Zip Code:**

Phone Number: **Contact Name:**

Type of account to be rolled over

4 I am transferring FROM the following type of plan:

Traditional	Roth	SEP	Other (401(k), 403(b), 457, DB, MP, PS)
SIMPLE	HSA	ESA	

I am eligible to perform this transaction: (Select One)

Responsible Individual IRA holder Spouse beneficiary of account
Non-spouse beneficiary of account Ex-Spouse of account due to divorce/legal separation

Instructions to Resigning Custodian

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To roll over CASH, please follow the instruction below. Contact our office for wire instructions.

CASH*: Please make payable to **American IRA, LLC, FBO (my name) IRA**

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.

***PLEASE ALLOW 11 BUSINESS DAYS FOR CHECK TO CLEAR**

Description of assets to be transferred

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Asset Description:	Amount: (PLEASE DO NOT USE PERCENTAGES)

Delivery instructions are attached

Current statement is attached

Rollover from another IRA or another SIMPLE IRA

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I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time homebuyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer.)
3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA.

Date Employee First Participated in original SIMPLE IRA:

Rollover/Direct Rollover from an Employer Plan

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I certify that the following statements are true and correct.

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Administrator, Custodian or Trustee of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy(ies) or over a period of 10 years or more.
3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
6. I certify that this Rollover/Direct Rollover does not contain a Designated Roth Contribution Account.

Additional information for rollovers beginning at age 70 ½

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I received the distribution from the other plan on
This distribution:

is an outstanding rollover as of the prior December 31st.

is not an outstanding rollover as of the prior December 31st.

I certify that this rollover does not include any required minimum from the distributing plan, or I certify that I have already satisfied my required minimum for the IRA being rolled over from another IRA.

Signature and Acknowledgement

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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 American IRA, LLC IRA or any of its licensees has authority to agree to anything different than my foregoing understandings of American IRA, LLC 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 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.**

Account Holder's Signature:

Date:

Acceptance of Receiving Custodian

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Pursuant to a limited written delegation, Union Center Bank, as Custodian ("Custodian"), has authorized American IRA, 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 American IRA, LLC, on your behalf. Union Center Bank ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOU FUNDS.

American IRA, LLC on behalf of Custodian, Union Center Bank.

By:

Date:



Account Number: