



# SELF-DIRECTED HSA APPLICATION

FOR HEALTH SAVINGS ACCOUNTS

## **New Direction IRA, Inc.**

[www.NewDirectionIRA.com](http://www.NewDirectionIRA.com)

1070 W Century Dr Ste 101

Louisville, CO 80027

Email: [NewAccount@ndira.com](mailto:NewAccount@ndira.com)

Toll Free: 877-742-1270

Phone: 303-546-7930

Fax: 303-665-5962



# TAKE YOUR RETIREMENT IN A NEW DIRECTION

## POSSIBLE INVESTMENT OPTIONS

A self-directed IRA is a retirement plan that allows you to choose where to invest your IRA money, as permitted under IRS guidelines. With the great tax advantages provided by a self-directed IRA, you can potentially build wealth and secure your future more effectively.

### Entity Investments

- Private Stock
- Limited Partnership
- Business Start Ups
- Venture Capital
- LLCs
- Privately-Held Enterprises
- International Investments

### Real Estate

- Residential
- Rentals
- Commercial
- Rehabs
- Lease Options
- Land
- Foreclosures
- Mobile Homes

### Precious Metals

- Gold
- Silver
- Platinum
- Palladium

### Loans

- Mortgage Loans
- Deeds of Trust
- Promissory Notes
- Business Loans

### Other

- Brokerage Account
- Crops
- Oil and Gas
- Timber
- And Much More!

## INFORMATION WE MAY SHARE

We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the custodian and administrator have agreed to the custodian and administrator's confidentiality and security policies. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

## CONFIDENTIALITY AND SECURITY

We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The custodian reserves the right to revise this notice and will notify you of any changes in advance. If you have any questions regarding this policy, please contact us at the address and or telephone number listed in these documents.

# COMPLETING YOUR APPLICATION

## APPLICATION CHECKLIST

- Have you included your account set up fee? **(needed to open account)**
- Have you indicated the type of account that you'd like to open?
- Have you indicated how you would like to fund your account?
- Have you indicated your beneficiaries, including their Social Security Numbers? (Section 5)
- If you're married, have you reviewed section 6? If so, has your spouse signed this section?
- Have you signed the application?
- Have you indicated which fee option you would prefer?
- Have you signed the fee option page? **(needed to open account)**

## WHERE TO SEND YOUR APPLICATION

Once you've completed these forms, please send them to:

**Mail or Delivery:** New Direction IRA  
1070 W Century Dr Ste 101  
Louisville, CO 80027

**Fax:** (303)-665-5962

**Scan & Email:** [NewAccount@ndira.com](mailto:NewAccount@ndira.com)

Account Number: \_\_\_\_\_  
(An account number will be assigned by the administrator and will be mailed to you.)

## 1. WHAT TYPE OF ACCOUNT WOULD YOU LIKE TO OPEN?

- Traditional IRA     Roth IRA     SEP IRA (Employer Name: \_\_\_\_\_)
- SIMPLE IRA (Employer Name: \_\_\_\_\_)
- Beneficiary IRA (Name of Deceased \_\_\_\_\_)
- Health Savings Account (HSA)

## 2. HOW WOULD YOU LIKE TO FUND THE ACCOUNT?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Personal Contribution<br>Contribution Year: _____ | <input type="checkbox"/> Transfer<br>Move funds from IRA to IRA. | <input type="checkbox"/> Rollover<br>Take receipt of funds for up to 60 days before reinvesting them in a new IRA. | <input type="checkbox"/> Direct Rollover<br>Directly move funds from 401k to IRA. |
|--|--|--|---|

## 3. YOUR PERSONAL INFORMATION

Legal Name: (First, Middle, Last)  
 Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_

Social Security Number:	Date of Birth: (MM/DD/YYYY)	<input type="checkbox"/> Married <input type="checkbox"/> Not Married	
Legal Address:	City:	State:	Zip:
Mailing Address: (Optional)	City:	State:	Zip:
Driver's License Number:	Driver's License State:	Driver's License Expiration Date:	
Phone Number:	Cell Phone:	Fax Number:	
Online Statements: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Notifications with Account Changes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Advertisement <input type="checkbox"/> Article <input type="checkbox"/> Referred by _____			Coupon Code:

## 4. HOW WOULD YOU LIKE TO PAY THE ACCOUNT SET-UP FEE? (\$50 fee is due at time of account opening.)

Choose One: <input type="checkbox"/> Credit Card (Visa, MasterCard and Discover accepted) <input type="checkbox"/> Check Enclosed (make checks payable to: New Direction IRA, Inc.)	Credit Card Type: _____ Card Number: _____ Exp Date: _____ Exact Name on Card: _____ 3 Digit Security Code: _____ Signature: _____
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## 5. WHO ARE YOUR BENEFICIARIES?

If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate. I hereby revoke any prior beneficiary designation made by me and designate the below as my Primary and Contingent Beneficiary of this IRA.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:		
Address:		City:	State:	Zip:
Social Security Number:		Date of Birth: (MM/DD/YYYY)	Share:	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:		
Address:		City:	State:	Zip:
Social Security Number:		Date of Birth: (MM/DD/YYYY)	Share:	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:		
Address:		City:	State:	Zip:
Social Security Number:		Date of Birth: (MM/DD/YYYY)	Share:	

## 6. SPOUSAL CONSENT (Only required if your spouse is not the primary beneficiary.)

The consent of spouse must be signed only if **all** of the following conditions are present; your spouse is living, your spouse is not the sole primary beneficiary named and you and your spouse are residents of a community property state (AZ, CA, ID, LA, NM, NV, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above designation of beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, \_\_\_\_\_ hereby consent to the above Beneficiary designation.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse. Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Administrator disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

## 7. YOUR SIGNATURE

I understand that I may change or add beneficiaries at any time by completing and delivering this form to New Direction IRA, Inc.

Printed Name: : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. ACKNOWLEDGEMENTS & AGREEMENT TO TERMS

### Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

**Custodian and Administrator:** The Custodian of my account is First Trust Company of Onaga (FTCO) and the Administrator for my account is New Direction IRA, Inc. I understand that the Custodian and Administrator may resign by giving me written notice at least 30 days prior to the effective date of such resignation. I understand that if I fail to notify the Administrator of the appointment of a successor trustee or custodian within such 30-day period, then the assets held by the Custodian in my account (whether cash or personal or real property, wherever located, and regardless of value) will be distributed to me, outright and free of trust, and I will be wholly responsible for the tax consequences of such distribution.

**No Tax, Legal, or Investment Advice:** I acknowledge that the Custodian and Administrator do not provide or assume responsibility for any tax, legal, or investment advice with respect to the investments and assets in my account, and will not be held liable for any loss which results from my exercise of control over my account. I understand that my account is self-directed, and I take complete responsibility for any investments I choose for my account. I further understand that neither the Custodian nor the Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way agents, employees, representatives, affiliates, partners, independent contractors, consultants, or subsidiaries of the Custodian or the Administrator, and that the Custodian and the Administrator are not responsible for and are not bound by any statements, representations, warranties, or agreements made by any such person or entity. I will consult independently, as I determine is necessary, with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my account.

**Prohibited Transactions:** I understand that my account is subject to the provisions of the Internal Revenue Code (IRC) Section 4975 which defines certain prohibited transactions. I acknowledge and agree that neither the Custodian nor the Administrator will make any determination as to whether any transaction or investment in my account is prohibited under sections 4975, 408(e), or 408A, or under any other state or federal law. I accept full responsibility to ensure that none of the investments in my account will constitute a prohibited transaction and that the investments in my account comply with all applicable federal and state laws, regulations, and requirements.

**Unrelated Business Income Tax:** I understand that my account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Income Tax (UBIT) of tax-exempt organizations. I agree that if I direct the Administrator to make an investment in my account which generates income that is subject to UBIT, I will be responsible for preparing or having prepared the required IRS form 990-T tax return, an application for an Employer Identification Number (EIN) for my account, and any other documents that may be required, and to submit them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my account and to pay the applicable tax from the assets in my account. I understand that the Custodian and Administrator do not make any determination of whether or not investments in my account generate income that is subject to UBIT, have no duty to and do not monitor whether my account has incurred UBIT, and do not prepare Form 990-T on behalf of my account.

**Valuation:** I understand that the assets in my account are required to be valued annually at the end of each calendar year in accordance with IRC Section 408(i) and other guidance provided by the IRS, and that the total value of my account will be reported to the IRS on Form 5498 each year. I agree to provide the year-end value of any illiquid and/or non-publicly-traded investments, which may include without limitation limited partnerships, limited liability companies, privately held stock, real estate investment trusts, hedge funds, real estate, secured and unsecured promissory notes, and any other investments as the Custodian shall designate, by no later than the last business day of February of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all losses, expenses, settlements, or claims with regard to investment decisions, distribution values, tax reporting, or any other financial impact or consequence relating to or arising from the valuation of assets in my account.

**Responsibility for Tax Consequences:** I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my account. I assume all responsibility for: 1.) determining that I am eligible for an account transaction that I direct the Custodian or the Administrator to make on my behalf; 2.) ensuring that all contribu-

tions I make are within the limits set forth by the Internal Revenue Code; 3.) the tax consequences of any contributions (including rollover contributions) and distributions.

**Indemnification:** I agree that the Custodian and the Administrator have no duty other than to follow my written instructions and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my account under any circumstances. I understand that the Custodian and the Administrator are acting only as my agent, and nothing will be construed as conferring fiduciary status or responsibility on the Custodian or the Administrator. I understand that obtaining any information or communication related to the investment is my responsibility regardless of if it was sent initially to the Administrator or some other party. The Administrator will attempt to forward communications received, but is not responsible for my timely receipt of any such communication. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorney's fees) and any loss to my account as a result of any action taken (or omitted to be taken) pursuant to and/or in connection with any investment transaction directed by me or my investment advisor or resulting from serving as the Custodian or the Administrator, including, without limitation, claims, damages, liability, actions, and losses asserted by me.

**Electronic Communications, Signatures, and Records:** I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state where the Custodian is organized (Kansas Statutes Annotated [KSA] Sections 16-601 et seq.) and the federal Electronic Signatures in Global and National Commerce Act (ESIGN Act, as contained in 15 U.S.C. 7001) as those laws pertain to electronic communication, electronic signatures, and electronic storage of Custodial Account records. I understand that, in lieu of retention of the original records, the Administrator and the Custodian may cause any or all of their records, and records at any time in their custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original.

**No FDIC Insurance for Investments:** I recognize that investments purchased and/or held within my account: 1.) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2.) are not a deposit or other obligation of, or guaranteed by, either the Custodian or the Administrator; and 3.) are subject to investment risks, including possible loss of the principal amount invested.

**Our Privacy Policy:** You have chosen to do business with the Custodian and the Administrator. As our client, the privacy of your personal, non-public information is very important to us. We value our client relationships and we want you to understand the protections we provide in regard to your accounts with us.

**Information We May Collect:** We collect non-public, personal information about you from the following sources to conduct business with you: 1) information we receive from you on applications or other forms; 2.) information about your transactions with us or others. Non-public, personal information is non-public information that we may obtain in connection with providing services to you. This could include information you give us from account applications, account balances, and account history.

**Information We May Share:** We do not sell or disclose any non-public information about you to anyone except as permitted by law, as required by law or other regulatory authority, or as specifically authorized by you in writing. We do not share non-public, personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian and the Administrator have agreed to the Custodian's and the Administrator's confidentiality and security policies. If you decide to close your account or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

**Confidentiality and Security:** We restrict access to non-public, personal information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public, personal information. The Custodian and the Administrator reserve the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy, please contact us at the address and/or telephone number listed on this application.

I acknowledge that I have received the Fee Schedule and Disclosure. I agree to abide by its terms as currently in effect or as they may be occasionally amended. I understand that failure to submit a signed Fee Schedule and Disclosure will result in fees "based on the value of assets" (see Fee Schedule).

Under penalties of perjury, I certify that the information I have provided above (including my Social Security Number) is correct. I hereby agree to participate in the Custodial Account offered by the Custodian. I acknowledge receipt of the Plan Agreement and Disclosure under which this account is established, a copy of this Application, and a copy of this Disclosure Statement with respect to the Individual Retirement Account. In the event that my account is to be funded by a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat such contribution as a rollover contribution. I direct that all benefits upon my death be paid as indicated above or by my subsequent beneficiary designation. If I have named or name a beneficiary which is a trust, I understand that I must provide certain information concerning such trust to the Custodian.

**Account Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**New Direction IRA, Inc. Office Use:**

New Direction IRA, Inc. has entered into an Individual Retirement Custodial Agreement as administrator with the account holder above. New Direction IRA, Inc. by its authorized representative, agrees to act as administrator.

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 1. ANNUAL ADMINISTRATION FEE (Please check 1 box.)

\$40 - **Option 1: Based on Only CASH in the Account** (no assets other than uninvested cash)  
Maximum annual record keeping fee. (Quarterly record keeping fee is \$10).

**Option 2: Based on the VALUE of the Account/Assets**

Account Value:	Multiply Value By:	Account Value:	Multiply Value By:
\$1 to \$20,000	0.0085	\$180,001 to \$300,000	0.0045
\$20,001 to \$80,000	0.0065	\$300,001 to \$500,000	0.0035
\$80,001 to \$180,000	0.0055	\$500,001 and up	0.0030

Based on the asset value of the account. Paid at the time of acquisition. Minimum annual record keeping fee is \$125 or the asset value calculation of the account, which ever is greater. For example, if asset value of account is \$10,000, annual record keeping fee is \$125. If asset value of account is \$20,000, annual record keeping fee is \$170. Maximum annual record keeping fee is \$1,850.

Please check if you'd like to receive a printed invoice for your administration fees. Otherwise, fees will automatically be deducted from your account.

## 2. PROCESSING FEES

\$25 - One-Time IRA Setup Fee (charged at the time of account establishment)

Transaction Fees: Due when your IRA purchases an asset.

\$95 - Purchase, Sale, Exchange or Re-Registration of Any Asset Except Real Estate

\$250 - Purchase, Sale, Exchange or Re-Registration of Real Estate (\$345 - Leveraged Real Estate)

Movement of Funds Fees: Due when money moves from your IRA.

\$5 - ACH Transfer, Trust Check      \$25 - Cashier's or Other Official Bank Check

\$30 - Wire Transfer                      \$30 - Returned Item or Stop Payment Request

\$30 - Overnight Mail

Other Fees: Due when services are rendered.

\$100 - Express Processing (1 business day)

\$50 - 2nd Day Express Processing (2 business days)

\$150/hr. - Special services (such as research of closed accounts, legal research, expedited investment review or additional processing required for certain complex transactions)

Partial Distribution or Full Account Termination - .005 of the termination value plus transaction charges for each asset sale; maximum fee of \$250.  
Includes transfer of assets from your account and lump-sum distributions

## 3. HOW WOULD YOU LIKE TO PAY FEES?

Pay fees by:

Credit Card  
(Visa, MasterCard, Discover accepted)

Fund from Account

Credit Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## 4. SIGNATURE

Annual record keeping fees are not prorated and are withdrawn from your un-directed funds, unless you submit payment to us directly prior to the due date by check, credit card, debit card or online via PayPal. Transaction fees are due prior to funding of the transaction. Fees paid from your account will be reflected on your statement. If there are insufficient un-directed funds in your account, we may liquidate other assets in your account count to pay for such fees after a 30 day notification, in accordance with your Plan Custodial Agreement and Disclosure. Late Payment, Fees: The lesser of 1.5% per month (18% per annum) or the maximum allowable under applicable state law. In accordance with your Account Application, this Fee Disclosure is part of your Agreement with the Administrator and must accompany your Application.

In accordance with your Plan Custodial Agreement and Disclosure, which is available from our website, Custodial fees, described below, are part of the plan and trust disclosure. The Custodian shall be entitled to receive, from the assets held in the Custodial Account, a fee equal in amount to all income that is generated from any Undirected Cash (defined as any cash in the Custodial Account not invested pursuant to a specific investment direction by Depositor) which has been deposited by Custodian into FDIC or other United States government insured financial institutions, United States government securities, or securities that are insured or guaranteed by the United States government, as provided in the custodial agreement. Custodian's fees from the Undirected Cash in the Custodial Account are associated with cash management activities, including, but not limited to, account maintenance, depository bank selection, transaction processing, sub-accounting, record keeping, and other services performed under the terms of this Agreement. Custodian retains the right, but does not have the obligation, to reduce this fee by rebating a portion of the fee into the Custodial Account. The Depositor agrees that this fee may be retained by the Custodian as compensation for the services provided by Custodian under this Agreement. The Custodian may pay all or an agreed portion of this fee to the Administrator as agreed between the Custodian and the Administrator. The Custodian reserves the right to change all or part of the Custodial Fee Schedule at its discretion with 30 days advance written notice to Depositor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MOVEMENT OF FUNDS INFORMATION

## WHEN TO USE THE TRANSFER FORMS

Use when transferring cash/in-kind assets from one IRA to another IRA

**Traditional IRA** → **Traditional IRA**

**Roth IRA** → **Roth IRA**

A Transfer is:

- Initiated by New Direction IRA
- Client complete New Direction IRA's Transfer Forms and returns them to New Direction IRA
- New Direction IRA processes and send to sending custodian
- Requires NO IRS reporting
- Funds sent directly from sending custodian to New Direction IRA

## WHEN TO USE THE ROLLOVER CERTIFICATION FORM

Use to direct a rollover of cash/in-kind assets from: 401(k) or other Qualified Plan OR IRA distribution.

**401(k)/Qualified Plan** → **IRA**

A Rollover:

- Re-deposits retirement funds that have been distributed
- Initiated by the client (you)
- Client completes sending custodian's Distribution Form or Withdrawal Forms from qualified plan
- Funds may be sent to client OR directly to client's account at New Direction IRA
- Sending custodian will file a 1099R for client, to report the distribution
- If funds are deposited in client's IRA account at New Direction IRA within 60 days of distribution, there will be no IRS tax or penalty consequences.

## WHERE TO SEND FORMS

Many times original signatures are required when moving funds from one retirement plan to another. We suggest mailing in the original, complete forms to:

New Direction IRA, Inc.  
1070 W Century Dr Ste 101  
Louisville, CO 80027

# MOVEMENT OF FUNDS CHECKLIST

Is Your Money Ready to Move? Use these checklists to find out.

## TRANSFER CHECKLIST

Transfer Questions to Ask Your Current Custodian:

1. Are your funds in a cash or money market account?  Yes  No (if no, call your current custodian)
2. If requesting a partial transfer, are there sufficient, liquid funds available?  Yes  No
3. Is a medallion signature guarantee\* required on the form? (ask sending administrator)  Yes  No

If yes, who's signature?  Receiving administrator (New Direction IRA)  IRA/401(k) Holder (You)

4. Will sending administrator accept a faxed transfer form?

Yes. Fax number: \_\_\_\_\_ Attention: \_\_\_\_\_

No. Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If you are under a time constraint, can they wire the funds?  Yes  No (fees may apply for this service)

Keep in mind that we cannot accept in-kind transfers of securities. If you are transferring from an account that is currently invested you will need to verbally request that the amount being transferred be converted to cash.

\* A medallion signature guarantee is similar to a notary, but stronger. It is a guarantee that your signature is genuine. You can obtain a guarantee from selected banks or other financial institutions.

## ROLLOVER CHECKLIST

Rollover Questions to Ask Your Current Custodian::

1. If this is an employer plan (401k) does the employer allow funds to be rolled out?  Yes  No
2. Does the plan administrator require completion of its own withdrawal paperwork?  Yes  No
3. If you are under a time constraint, can they wire the funds?  Yes  No (fees may apply for this service)

## TIPS TO HELP THE PROCESS

1. If you are in a rush, consider checking the 'via wire' option in section 5 of the transfer form. Check with your sending administrator about possible wire fees.
2. We mail transfer forms to sending administrators via USPS. For \$30 we can expedite this by using overnight mail. If you would like us to do this please indicate this on the transfer form.
3. Contact your sending administrator a week after mailing the original form to our office. Follow up with them to make sure they received the form from us and to make sure they have everything they need for a speedy turn-around.
4. Your participation is the key to a quick and problem-free transfer. Other administrators are not required to give us any information on pending transfers so you will need to call them yourself for updates. The only responses we get are successful transfers and rejection letters.

## 1. YOUR INFORMATION

Your Name:		New Direction Account Number:	
Social Security Number:	Email Address:		Phone Number:
Legal Address:	City:	State:	Zip:

## 2. TRANSFER INFORMATION (Where are these assets currently?)

Name of Custodian/Trustee:		Account Number:	
Office Address:	City:	State:	Zip:
Contact Name:	Phone Number:	Fax Number:	<input type="checkbox"/> I have attached a copy of my current statement. <b>(Required)</b>

## 3. ACCOUNT TYPES

I am transferring funds **from**:

Traditional IRA    Roth IRA    SEP IRA    SIMPLE IRA    Beneficiary IRA    HSA    Coverdell Savings Account

I am transferring funds **to**:

Traditional IRA    Roth IRA    SEP IRA    SIMPLE IRA    Beneficiary IRA    HSA    Coverdell Savings Account

## 4. TYPE OF ASSET TO BE TRANSFERRED

Complete Transfer.

**Cash\*** - Liquidate asset(s) and transfer cash to **NDIRA, Inc. FBO (My Name) IRA.**

**In-Kind Transfer** - Transfer asset(s) in-kind to **NDIRA, Inc. FBO (My Name) IRA.**

Transfer the following asset(s) in-kind: (asset description) \_\_\_\_\_

Partial Transfer.

**Cash\*** - Liquidate and send \$ \_\_\_\_\_ in cash to **NDIRA, Inc. FBO (My Name) IRA.**

**In-Kind Transfer** - Transfer asset(s) in-kind to **NDIRA, Inc. FBO (My Name) IRA.**

Transfer the following asset(s) in-kind: (asset description) \_\_\_\_\_

\*New Direction IRA requires 5 business days for checks to clear. Bank wires and money orders clear the business day after deposit.

## 5. DELIVERY INSTRUCTIONS

I would like my funds sent to New Direction IRA via:

Check/Mail     Wire to **NDIRA, Inc. FBO (My Name) IRA.**

Please send this transfer form to the resigning custodian via:

Mail     Express Delivery (\$30 fee. Please select a payment option below.)

Fax Number: \_\_\_\_\_ (You must ask your current custodian if they accept a faxed copy of the transfer form and you will need to provide fax number)

I would like to pay my express charges via:

Choose One:

Credit Card  
 Check Enclosed (make checks payable to: New Direction IRA)

Credit Card Type: (the following are accepted)     Visa     MasterCard     Discover

Card Number: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## 6. SIGNATURE AND ACKNOWLEDGEMENT

Signature and Acknowledgement (This does not constitute a direct rollover.)

- I hereby agree to the terms and conditions set forth in this account asset transfer authorization and acknowledge having established a self-directed IRA through execution of the account application.
- I understand the rules and conditions applicable to an account transfer.
- I qualify for the account transfer of assets listed in the asset liquidation above and authorize such transactions.
- I understand that no one at New Direction IRA has authority to agree to anything different than my foregoing understandings of New Direction IRA policy.
- I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70½, the required minimum amount determined under this IRA is still required to be distributed.
- I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer.
- If this transfer leaves the transfer or IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 7. ACCEPTANCE OF RECEIVING CUSTODIAN (office use only)

Pursuant to a limited written delegation, First Trust Company of Onaga, as Custodian ("Custodian"), has authorized New Direction IRA, Inc. to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer described above and agreement to apply the proceeds upon their receipt, to the account established by New Direction IRA, Inc., on your behalf. First Trust Company of Onaga ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR FUNDS.

New Direction IRA, Inc. on behalf of Custodian, First Trust Company of Onaga

By: \_\_\_\_\_ Date: \_\_\_\_\_ Account #: \_\_\_\_\_

## FOR INTERNAL OFFICE USE ONLY:

Ret To: \_\_\_\_\_ Bal: \_\_\_\_\_  Sig Check  
Cusip: \_\_\_\_\_ Fee Option and Invoice Cycle: \_\_\_\_\_  
 RN     Quote: \_\_\_\_\_     TNet    T Code: \_\_\_\_\_     FRL     Scan for Funding  
Admin Fee: \$ \_\_\_\_\_ Transaction Fee: \$ \_\_\_\_\_ Payment Fee: \$ \_\_\_\_\_  
Other Fee: \$ \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_  
Fund Date: \_\_\_\_\_ Amount Funded: \$ \_\_\_\_\_

