

Rollover Certification Form

New Direction IRA CANNOT initiate the rollover. You must contact your current custodian to roll over your assets.

1. YOUR INFORMATION

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

2. WHERE ARE YOUR ASSETS COMING FROM? (Where are these assets currently? OR Where were the funds held prior to receiving a rollover check/wire?)

Name of Custodian/Trustee:		Account Number:	
Office Address:	City:	State:	Zip:
Contact Name:	Phone Number:	Fax Number:	

3. ACCOUNT TYPES

I am rolling over funds from:

Traditional IRA
 Roth IRA
 SEP IRA
 SIMPLE IRA
 Beneficiary IRA
 HSA
 CSA
 Other: (i.e. 401(k)) _____

I am rolling over funds to:

Traditional IRA
 Roth IRA
 SEP IRA
 SIMPLE IRA
 Beneficiary IRA
 HSA
 CSA

4. TYPE OF ASSET TO BE ROLLED OVER

Cash - My funds are coming via:

Check - Make checks payable to **NDIRA, Inc. FBO (My Name) IRA**. (New Direction IRA requires 5 business days for checks to clear.)

Wire - Wire funds to **NDIRA, Inc. FBO (My Name) IRA**. (Please request incoming wire instructions from our office.)

Rollover Dollar Amount: \$ _____

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

I am rolling over the following asset(s) in-kind: (asset description and value) _____

5. SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this rollover form and acknowledge having established a self-directed IRA through execution of the account application. I understand the rules and conditions applicable to a rollover/direct rollover. I qualify for the rollover or direct rollover of assets listed in the asset description 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-directed 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 Administrator and/or Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at New Direction IRA, Inc. has authority to agree to anything different than my foregoing understandings of New Direction IRA, Inc.'s policy. If this is a rollover or direct rollover, I irrevocably designate this contribution of assets 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 B. I have not performed a rollover from an IRA within the last 12 months and C. the rollover DOES NOT contain my required minimum distribution.

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.

Your Signature: _____ Date: _____

Please read the disclosure above the signature line before signing and dating.