

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. (Required)

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: \$ _____