

Rollover Certification Form

(For Rollovers to Non-ROTH Accounts)

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:	Date of Birth:	Email Address:	Phone Number:

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:
<input type="checkbox"/> Cash - My funds are coming via: <input type="checkbox"/> Check - Make checks payable to New Direction IRA, Inc. FBO (My Name) (Account Type) . (New Direction IRA requires 5 business days for checks to clear.) <input type="checkbox"/> Wire - Wire funds to New Direction IRA, Inc. FBO (My Name) (Account Type) . (Please request incoming wire instructions from our office.)	
Rollover Dollar Amount: \$ _____ <small>(You must enter either an exact amount or close estimate, if not included funds will be held up and not deposited.)</small>	
<input type="checkbox"/> In-Kind Rollover - Rollover asset(s) in-kind to New Direction IRA, Inc. FBO (My Name) (Account Type) . I am rolling over the following asset(s) in-kind: (Please attach list of assets and state value of rollover here.) _____	

3. ACCOUNT TYPES

I am rolling over funds from: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Employer Plan: (i.e. 401(k)) Plan Name: _____	<input type="checkbox"/> CSA <input type="checkbox"/> HSA
I am rolling over funds to: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Employer Plan: (i.e. 401(k)) Plan Name: _____	<input type="checkbox"/> CSA <input type="checkbox"/> HSA

4. SIGNATURE AND ACKNOWLEDGEMENT

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 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 this rollover election. 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 (New Direction IRA, Inc.) and/or Custodian (Mainstar Trust) 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 A. completing this rollover within 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; C. the rollover DOES NOT contain my required minimum distribution; D. If I am a non-spouse beneficiary, this is a direct rollover from an employer plan and the rollover contribution DOES NOT contain my required minimum distribution; E. the rollover does not contain amounts that are part of a series of substantially equal periodic payments or any corrective distribution of certain SEP or SIMPLE plan excess contributions; F. a plan loan in default, P.S.58 costs of life insurance or any hardship distribution.

Your Signature: _____ Date: _____
 Please read the disclosure above the signature line before signing and dating.

FOR INTERNAL OFFICE USE ONLY:

For Cash Rollovers: Amount Received: \$ _____ Date Received: _____
 For In-Kind Rollovers: Date Initiated: _____