



TRANSFER REQUEST



PART 1. RECIPIENT

Individual requesting the transfer

Name (First/Mi/Last) _____

Date of Birth _____ Phone _____

Email Address _____

ACCEPTING ACCOUNT TYPE (Select one)

- Roth IRA
- Inherited Roth IRA

PART 2. ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN

To be completed by the Roth IRA trustee or custodian receiving the assets

Name _____ AGCU, Custodian/AGFinancial, Trustee

Address Line 1 _____ Attn: Investments

Address Line 2 _____ 3900 S. Overland Ave.

City/State/ZIP _____ Springfield, MO 65807

Phone _____ 866.453.7143

Contact Name _____

PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT ROTH IRA OWNER

RELATIONSHIP TYPE (Select one)

- I am the current Roth IRA owner.
- I am the former spouse of the current Roth IRA owner.
- I am the spouse beneficiary of the original Roth IRA owner transferring assets to my own Roth IRA.
- I am the beneficiary of the original Roth IRA owner transferring assets to an inherited Roth IRA.

PART 4. CURRENT ROTH IRA OWNER

Name (First/Mi/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one)

- Roth IRA
- Inherited Roth IRA

PART 5. CURRENT ROTH IRA TRUSTEE OR CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 6. LIFE EXPECTANCY PAYMENT INSTRUCTIONS

To be completed if the recipient is a beneficiary receiving life expectancy payments

IF YOU HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR THIS YEAR, COMPLETE THE FOLLOWING. (Select one)

- Distribute my life expectancy payment to me before transferring the Roth IRA assets.
- Retain my life expectancy payment amount. I understand that I am responsible for satisfying my life expectancy payment.
- Include the amount that represents my life expectancy payment in the transfer. I understand that I am responsible for satisfying my life expectancy payment.

Name of Recipient _____, Account Number _____

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS (Select one)

One-Time Transfer

Transfer Amount _____ Transfer Date _____

Entire Roth IRA Balance This Transfer Will Close the Current Roth IRA

Recurring Transfer

Transfer Amount _____ Transfer Start Date _____

Frequency (Select one) Monthly Quarterly Semi-Annually Annually Other _____

MAKE PAYABLE TO (If the accepting IRA type is an inherited Roth IRA, the Name of Recipient must identify both the recipient and the original Roth IRA owner.)

_____ as Trustee or Custodian of
Name of Accepting Roth IRA Trustee or Custodian

_____ Roth IRA
Name of Recipient

ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 8. SIGNATURES

I authorize the transfer of these Roth IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Roth IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

X

Signature of Recipient

_____ Date (mm/dd/yyyy)

X

Authorized Signature of Accepting Trustee or Custodian

_____ Date (mm/dd/yyyy)