

# IRA

## DIRECT ROLLOVER REQUEST



AGFinancial<sup>SM</sup>

The term IRA will be used below to mean Traditional IRA and Roth IRA, unless otherwise specified. This form is to be used to request a direct movement of assets from an employer-sponsored retirement plan to an IRA. If your plan contains designated Roth account assets, these assets may only be rolled over to a Roth IRA or an inherited Roth IRA.

### PART 1. RECIPIENT

Individual requesting the rollover

Name (First/MI/Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### ACCEPTING ACCOUNT TYPE (Select one)

- Traditional IRA       Roth IRA       SIMPLE IRA
- Inherited Traditional IRA       Inherited Roth IRA

### PART 3. RECIPIENT RELATIONSHIP TO PLAN PARTICIPANT

#### RELATIONSHIP TYPE (Select one)

- I am the plan participant.
- I am the former spouse of the plan participant.
- I am the spouse beneficiary of the plan participant directly rolling over to my own IRA.
- I am a spouse, nonspouse, or qualified trust beneficiary of the plan participant directly rolling over to an inherited Traditional or Roth IRA.

### PART 2. ACCEPTING IRA TRUSTEE OR CUSTODIAN

To be completed by the 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 4. PLAN INFORMATION

#### PLAN PARTICIPANT

Name (First/MI/Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

#### EMPLOYER

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Plan Name \_\_\_\_\_

### PART 5. ROLLOVER INSTRUCTIONS

Rollover Amount \_\_\_\_\_  Entire Plan Balance

**MAKE PAYABLE TO** (If the accepting account type is an inherited IRA, the Name of Recipient must identify the recipient and the plan participant.)

\_\_\_\_\_ as  Trustee or  Custodian of  
 Name of Accepting Organization

\_\_\_\_\_ 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 Rolled Over	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PART 6. SIGNATURES

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

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

**X** \_\_\_\_\_  
 Signature of Recipient Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
 Authorized Signature of Accepting Trustee or Custodian Date (mm/dd/yyyy)