



TRANSFER REQUEST

The term IRA will be used below to mean Traditional IRA, unless otherwise specified.



AGFinancialSM

PART 1. RECIPIENT

Individual requesting the transfer

Name (First/Mi/Last) _____

Date of Birth _____ Phone _____

Email Address _____

ACCEPTING ACCOUNT TYPE (Select one)

- Traditional IRA
- Inherited Traditional 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 3. RELATIONSHIP OF RECIPIENT TO CURRENT IRA OWNER

RELATIONSHIP TYPE (Select one)

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

PART 4. CURRENT IRA OWNER

Name (First/Mi/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one)

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

PART 5. CURRENT IRA TRUSTEE OR CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 6. REQUIRED MINIMUM DISTRIBUTION (RMD) OR LIFE EXPECTANCY PAYMENT INSTRUCTIONS

To be completed if the recipient is the current IRA owner and is required to take an RMD this year or 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 RMD or life expectancy payment to me before transferring my IRA assets.
- Retain my RMD or life expectancy payment amount. I understand that I am responsible for satisfying my RMD or life expectancy payment.
- Include the amount that represents my RMD or life expectancy payment in the transfer. I understand that I am responsible for satisfying my RMD or life expectancy payment.

Name of Recipient _____, Account Number _____

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)* **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

Entire IRA Balance This Transfer Will Close the Current IRA

 Recurring Transfer

Transfer Amount _____ Transfer Start Date _____

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

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

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

_____ 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 IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. 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)