

Internal IRA Transfer Request (Cash Only)

This form instructs STRATA Trust Company ("STRATA") to process an internal cash transfer between STRATA IRAs.

- The transferring account must have sufficient cash available at the time the form is received by STRATA.
- This transfer request must be made between appropriate account types.
- Please use the ROTH conversion or Recharacterization request to transfer between Traditional and ROTH accounts.

Form Submission Instructions:


STRATA offers two convenient options for transmitting your requests:

Option 1: **SERVICENOW**, e-sign and submit forms securely to STRATA. Use this option for faster form submission.

Go to <https://www.stratatrust.com/resource-center/forms/> for form access and instructions.

Option 2: You may print + email, fax, or mail the form as shown below:

Email: Operations@StrataTrust.com
 Fax: 512.495.9554
 US Mail: PO Box 23149, Waco, TX 76702
 Overnight: 7901 Woodway Drive, Waco, TX 76712

Section 1		Account Information	
Account from which you wish to transfer:		Account to receive your transfer:	
Account Number		Account Number	
Name as it appears on the Account		Social Security Number (Last 4 Digits Only)	
Email Address			
Type of IRA : (Please Select One) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA		Type of IRA: (Please Select One) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA	
Section 2		Cash to Transfer	
Please Select One			
<input type="checkbox"/> Complete Transfer Transfer all available cash		<input type="checkbox"/> Partial Transfer Transfer only the following amount: \$ _____	
Section 3		Authorized Signature	
Must be signed by either the Accountholder or ADR (if one has been designated).			
I authorize the IRA transfer in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining my eligibility for transfer or direct rollover within the limits set forth by tax laws, related regulations and plan agreements. I represent that I have established an IRA account with STRATA Trust Company ("STRATA") as Custodian. I agree to indemnify and hold harmless STRATA from any and all costs, obligations, losses, claims, damages and expenses (including reasonable attorney fees) related or associated with this request. If special handling is requested, I authorize the deduction of applicable fees from my account. I assume responsibility for any tax consequences or penalties that may apply and I agree that STRATA shall in no way be held responsible.			
 _____ Authorized Signature		_____ Date	