

IRA Transfer Request Precious Metals

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*E-sign and transmit directly to STRATA * Safely upload supporting documentation * Securely transfer data with SFTP file protocol

This form is used to initiate a direct transfer from an existing IRA to your STRATA IRA.

Section 1	Account Information						
Receiving Account Infor	mation						
Your Name			STRATA IRA Number (if known)				
Social Security Number			Daytime Phone Number				
Type of IRA: Traditional IRA Roth IRA Inherited Traditional IRA Inherited Roth IRA SEP IRA SIMPLE IRA Check if this transfer is: IRA Transfer as Spouse Beneficary IRA Transfer Due to Divorce Not Applicable							
Section 2 Current Custodian Information							
Transferring Account In	formation						
To initiate a direct rollov	er from an employer-sponsored r	etirem	ent plan, contact your plan administrator.				
Account Number with Current	t Custodian						
Name as It Appears on the A	ccount						
Type of IRA: Traditional IRA Roth IRA Inherited Traditional IRA Inherited Roth IRA SEP IRA SIMPLE IRA							
Name of Current Custodian							
Current Custodian's Physical	Address						
Address Line 2 (No PO Boxe	es)						
City	State		Zip				
Current Custodian's Phone Number			Current Custodian's Fax Number				
If required to make mandatory distributions, I instruct my current custodian to process my required minimum distribution payment as shown below:							
 □ Distribute my RMD or life expectancy payment to me prior to transferring my assets. □ Segregate and retain my RMD or life expectancy payment amount. □ Include the amount that represents my RMD or life expectancy payment in the transfer. □ Not applicable. 							

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Section 3	Cash/Asset to Transfer						
Attach a copy of your most recent account statement with your current custodian to this form.							
Select One:	elect One: Select One:						
☐ Full transfer - account will close.		se.	☐ Transfer all cash.				
☐ Partial transfer - account will remain open.		remain open.	☐ Transfer exactly: \$				
·			\square Transfer in-kind metals shown below:				
Description of Metals		of Metals		# of Metals	Approximate Value		
					\$		
					\$		
					\$		
					\$		
					\$		
Section 4	Cash/Mo	tals Delivery Ins	tructions				
			ti dottotio				
Remit cash to STRATA	as shown belo						
Send Check by U.S. Mail Make check payable and mail as shown below: STRATA Trust Company, Custodian		V:					
Send Check for Overni	ght Delivery	FBO			IRA #		
		<u>U.S. Mail Address</u> : PO Box 849	· · · · · ·	<u>Delivery Address</u> : pac Expressway			
		Austin, TX 78767	Barton Oa	ks Plaza II, Suite 100			
			Austin, TX	. 70740			
☐ Wire Funds		Wiring Instructions:					
If no selection is made, S	TRATA	Bank Name: Horizon Bank Bank Address 600 W. 5th Street Austin, TX 78701					
will request your current For Credit To: STRATA Trust Company Custodial Account custodian mail a check by USPS ABA: 111907940							
first class mail.	00.0	Account Number: 451553	32				
l		FCT: Account Name			IRA #		
Metals delivery instructions shown below:							
Custodian: See attached Delivery Instructions/Account Number							
Depository Name:			STRATA Trust Company, Custodian				
			FBO				

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Section 5	Form Delivery Instructions to Current Custodian					
If no selection is made, this request will be sent by ground delivery to the current custodian.						
☐ Fax#		\square Ground	☐ Ground			
☐ Email		☐ Overnight				
		Deduct the	e overnight fee from my account.			
		☐ Charge my	FedEx or UPS account #			
Section 6	Terms and Conditions	6				
I authorize the IRA transfer or direct rollover in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the named current custodian listed in this form. 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 both my present custodian and STRATA from any and all costs, obligations, losses, claims, damages and expenses (including reasonable attorney's fees) related or associated with this request. If special handling is requested (wire or overnight delivery), I authorize the deduction of applicable fees from my account. I assume responsibility for any tax consequences or penalties that may apply and agree that the named custodian's shall in no way be held responsible.						
 Before signing, check with your present custodian to determine whether it will require a Medallion Signature Guarantee to process this request. If a signature guarantee is not required, please sign below and send this form to STRATA. If required, a signature guarantee can be obtained from your bank or a brokerage firm. A signature guarantee may not be obtained from a notary public. STRATA permits an accountholder to e-sign this Transfer Request. However, you should first check with your current custodian to confirm whether 						
they will honor it. Otherwis	se, they may reject this request which would delay your transfer.					
			MEDALLION SIGNATURE GUARANTEE			
Accountholder Signature		Date	A Medallion Signature Guarantee Program is approved by the Securities Transfer Association. Participating financial institutions guarantee that the individual signing this form is in fact the owner of the account for which the			
Accountibles digitature		, ale	transfer is being requested.			
Section 7	Letter of Acceptance					
Internal Use Only						
The account for the above-named individual is a valid IRA and STRATA hereby accepts appointment as Custodian for the IRA account and agrees to accept the assets for transfer or direct rollover as indicated herein.						
Authorized Signature of S	STRATA Trust Company, IRA Custodian [Date				

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