



IRA Transfer Request Cash Only

Looking for an easier, faster way to submit paperwork? Try the **SERVICENOW** option at www.StrataTrust.com/Forms

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

Section 1	Account Information	
Receiving Account Information		
Your Name		STRATA IRA Number (if known)
Social Security Number		Daytime Phone Number
Type of IRA : <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Inherited Traditional IRA <input type="checkbox"/> Inherited Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA		
Check if this transfer is: <input type="checkbox"/> IRA Transfer as Spouse Beneficiary <input type="checkbox"/> IRA Transfer Due to Divorce <input type="checkbox"/> Not Applicable		
Section 2	Current Custodian Information	
Transferring Account Information		
To initiate a direct rollover from an employer-sponsored retirement plan, contact your plan administrator.		
Account Number with Current Custodian		
Name as It Appears on the Account		
Type of IRA : <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Inherited Traditional IRA <input type="checkbox"/> Inherited Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA		
Name of Current Custodian		
Current Custodian's Physical Address		
Address Line 2 (PO Boxes not permitted)		
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:		
<input type="checkbox"/> Distribute my RMD or life expectancy payment to me prior to transferring my assets.		
<input type="checkbox"/> Segregate and retain my RMD or life expectancy payment amount.		
<input type="checkbox"/> Include the amount that represents my RMD or life expectancy payment in the transfer.		
<input type="checkbox"/> Not applicable.		

Client Services 866.928.9394 | IncomingTransfers@StrataTrust.com | Online: www.StrataTrust.com/Service-Request



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Section 3

Cash to Transfer

Attach a copy of your most recent account statement with your current custodian to this form.

Select One:

- ☐ Full transfer - account will close.
- ☐ Partial transfer - account will remain open.

Select One:

- ☐ Transfer all cash.
- ☐ Transfer exactly: \$ _____

Section 4

Cash Delivery Instructions

Remit cash to STRATA as shown below:

☐ Send Check by U.S. Mail

Make check payable and mail as shown below:
STRATA Trust Company, Custodian

☐ Send Check for Overnight Delivery

FBO _____ IRA # _____

U.S. Mail Address:

PO Box 849
Austin, TX 78767

Overnight Delivery Address:

901 S. Mopac Expressway
Barton Oaks Plaza II, Suite 100
Austin, TX 78746

☐ Wire Funds

If no selection is made, STRATA
will request your current
custodian mail a check by USPS
first class mail.

Wiring Instructions:

Bank Name: Horizon Bank
Bank Address: 600 W. 5th Street Austin, TX 78701
Austin, TX 78701
For Credit To: STRATA Trust Company Custodial Account
ABA: 111907940
Account Number: 4515532

FCT: Account Name _____ IRA # _____

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 # _____

☐ Ground

☐ Email _____

☐ Overnight

☐ Deduct the overnight fee from my account.

☐ Charge my FedEx or UPS account # _____

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Section 6

Terms and Conditions

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. Otherwise, they may reject this request which would delay your transfer.

MEDALLION SIGNATURE GUARANTEE



Account Holder 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 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 Trust Company 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 STRATA Trust Company, IRA Custodian

Date

Form Submission Options (Please submit using one method below)

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

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