



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

Section 1		Accountholder Information	
Your Name		Daytime Phone Number	
Social Security Number (Last 4 Digits Only)		Email Address	
Section 2		Transferring Account Information	
Transferring Account 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			
Section 3		Receiving Account Information	
Receiving Account 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			
Section 4		Transfer Instructions	
Select One:		Select One:	
<input type="checkbox"/> Full transfer - account will close.		<input type="checkbox"/> Transfer all cash.	
<input type="checkbox"/> Partial transfer - account will remain open.		<input type="checkbox"/> Transfer exactly: \$ _____	
		<input type="checkbox"/> Transfer in-kind/reregister assets shown below:	
Asset Description		# of Shares	Approximate Value
			\$
			\$
			\$
			\$
			\$



# Internal IRA Transfer Request Cash/Asset

Looking for an easier, faster way to submit paperwork? Try the **SERVICENOW** option at [www.StrataTrust.com/Forms](http://www.StrataTrust.com/Forms)

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## Section 5

## Terms and Conditions

I authorize the IRA transfer in the manner described above and certify that all 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 as Custodian. I agree to indemnify and hold harmless STRATA from 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.



\_\_\_\_\_  
Accountholder Signature

\_\_\_\_\_  
Date

## Form Submission Options (Please submit using one method below)

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

**Client Services** 866.928.9394 | [Operations@StrataTrust.com](mailto:Operations@StrataTrust.com) | Online: [www.StrataTrust.com/Service-Request](http://www.StrataTrust.com/Service-Request)