

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

☐ Traditional IRA
 ☐ Roth IRA
 ☐ Inherited Traditional IRA
 ☐ Inherited Roth IRA
 ☐ SEP IRA
 ☐ SIMPLE IRA

Check if this transfer is:

☐ IRA Transfer as Spouse Beneficiary
 ☐ IRA Transfer Due to Divorce
 ☐ 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 (No PO Boxes)		
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.

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

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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:

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

Select One:

- ☐ Transfer all cash.
- ☐ Transfer exactly: \$ \_\_\_\_\_
- ☐ Transfer in-kind/reregister assets shown below:

Asset Description	# of Shares	Approximate Value
		\$
		\$
		\$
		\$
		\$

### Section 4

### Cash/Asset 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

Wiring Instructions:

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

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

FCT: Account Name \_\_\_\_\_ IRA # \_\_\_\_\_

Reregister assets to STRATA as shown below:

☐ Send by U.S. Mail

STRATA Trust Company, Custodian

☐ Send by Overnight Delivery

FBO \_\_\_\_\_ IRA # \_\_\_\_\_

7901 Woodway Drive  
Waco, TX 76712  
Tax ID: 26-2637994

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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 # \_\_\_\_\_

☐ Ground

☐ Email \_\_\_\_\_

☐ Overnight

☐ Deduct the overnight fee from my account.

☐ Charge my FedEx or UPS account # \_\_\_\_\_

### 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



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

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

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## In-Kind Asset Transfer Certification

**Required before STRATA will accept the in-kind transfer of a private, non-traditional asset.**  
**This page should only be completed if an in-kind transfer is being requested.**

- Please contact STRATA if you are transferring an asset in-kind. Additional documentation may be required prior to initiating this Transfer Request.
- You must complete sections 8 and 9 for the in-kind transfer of any alternative or private assets.

### Section 8

### Accountholder Representations

Accountholder Name \_\_\_\_\_ STRATA Account Number \_\_\_\_\_

1. Are you or any family members an officer, director, or employee of any of the investment entities or any affiliate of the investment entities? (If the investment is debt, are you related to the borrower or an officer, director, or employee of the borrowing entity?) ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

2. Do you or any family members currently own any percentage of the investment entities or any affiliate of the investment entities? ☐ Yes ☐ No

If "Yes", what is the combined percentage? \_\_\_\_\_ %

3. Will you, family members or entities under your control own a majority or controlling interest in the investment entities? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

4. Will you or any family member receive a personal gain or benefit (other than the potential investment gain to the IRA) as a result of your IRA's investment with the investment entities? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

I understand that STRATA Trust Company may fully rely on my representations above and may require that I obtain a legal opinion if the potential for a prohibited transaction exists. Please refer to Internal Revenue Code Section 4975 for more information regarding Prohibited Transactions and discuss any potential issues with your legal or tax advisor.

### Section 9

### Terms and Conditions

By directing STRATA to transfer or rollover assets in-kind, I reaffirm my understanding that the terms of the IRA Custodial Account Agreement, including, but not limited to Article IX – Investments, apply to assets transferred or rolled over in-kind from a prior trustee or custodian.



Account Holder Signature

Date

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

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