



IRA Transfer Request In-Kind Asset Certification

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

This form is used to initiate a direct transfer if you are directing a rollover or transfer of assets in kind to your STRATA Trust Company ("STRATA") IRA.

If you are rolling over from an employer-sponsored retirement plan, contact your current plan administrator to initiate the transfer.

Section 1 STRATA IRA Account Information

Receiving Account Information

Accountholder Name	STRATA IRA Number (if known)
Social Security Number	Daytime Phone Number
Type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Inherited Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Inherited Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	
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

Accountholder Name (As it appears your current custodian IRA account.)	Account Number with Current Custodian	
Type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Inherited Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Inherited Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Other IRA Account Type: _____		
Name of Current Custodian		
Current Custodian's Physical Address (No P.O. Boxes)		
Address Line 2		
City	State	Zip
Current Custodian's Phone Number		Current Custodian's Fax Number

Required Minimum Distribution (RMD) - If required to make mandatory distributions, I instruct my current custodian to process my RMD 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



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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.

Cash Transfers - To avoid processing delays if funds are unavailable and a liquidation of an asset(s) is required, contact your current custodian to initiate the process *before* submitting your request to STRATA.

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

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

- **Funds Availability:** For faster processing, we recommend using electronic payment (wire) when remitting funds to a STRATA account. Checks may be subject to a hold of up to 7 business days to confirm funds.

Send Funds By: Wire Check via U.S. Mail Check via Overnight Delivery

Wire 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

FCT Account Name: _____

IRA #: _____

Check Delivery Instructions:

Make check payable to STRATA Trust Company, Custodian:

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

Reregister assets to STRATA as shown below:

Send by: Mail via U.S. Mail Mail via Overnight Delivery

STRATA Trust Company, Custodian:

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.

Select One: Fax: _____ Email: _____
 Ground 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 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 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

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In-Kind Asset Transfer Certification

If the asset(s) have not previously been onboarded to STRATA's platform, additional documentation may be required for an in-kind transfer. In this case, our team will reach out with further instructions.

Section 8 Accountholder Representation

1. Are you or any family member an officer, director, employee, or affiliate of any 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 affiliates 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: _____

Section 9 Accountholder Signature

I understand that STRATA 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.

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 all assets transferred or rolled over in-kind from a prior trustee or custodian listed on this request.

By signing below, I certify I have reviewed and agree to the above statements and the information I provided is accurate.



Accountholder Signature

Date

Form Submission Options

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

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