

IRA

DIRECT ROLLOVER REQUEST

The term IRA will be used below to mean Traditional IRA or Roth IRA. This form is to be used to request a direct movement of assets from an employer-sponsored retirement plan to an IRA. If your plan contains designated Roth account assets, these assets may only be rolled over to a Roth IRA.

PART 1. RECIPIENT

Individual requesting the rollover

Name (First/M/Last) _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____ Suffix _____

ACCEPTING ACCOUNT TYPE (Select one)

Traditional IRA Roth IRA

PART 3. RECIPIENT RELATIONSHIP TO PLAN PARTICIPANT

RELATIONSHIP TYPE (Select one)

- I am the plan participant.
 I am the former spouse of the plan participant.
 I am the spouse beneficiary of the plan participant directly rolling over to my own IRA.
 I am a spouse, nonspouse, or qualified trust beneficiary of the plan participant directly rolling over to an inherited Traditional or Roth IRA.

PART 2. ACCEPTING IRA TRUSTEE OR CUSTODIAN

To be completed by the IRA trustee or custodian receiving the assets

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____ Organization Number _____
 Contact Name _____

PART 4. PLAN INFORMATION

PLAN PARTICIPANT

Name (First/M/Last) _____
 Social Security Number _____

EMPLOYER

Name _____
 Address _____
 City/State/ZIP _____
 Phone _____
 Plan Name _____

PART 5. ROLLOVER INSTRUCTIONS

Rollover Amount _____ Entire Plan Balance

VIA WIRE:

Beneficiary Name: DriveWealth LLC as Custodian for _____ IRA Account # _____
 Name of Account Owner

Bank Name: Silicon Valley Bank ABA Number: 121140399 Bank Account Number: 3303431344

VIA CHECK:

Make payable to DriveWealth LLC as Custodian for _____ IRA Account # _____
 Name of Account Owner

Mail check to: DriveWealth, LLC ATTN: Operations/IRAs 15 Exchange Place 10th Floor. Jersey City, NJ 07302

PART 6. SIGNATURES

I authorize the direct rollover of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this direct rollover qualifies under the rules that apply to such direct rollovers and agree to comply with those rules. I assume responsibility for any consequences that may result from this direct rollover and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this direct rollover.

The trustee or custodian signing below agrees to accept the assets being rolled over.

X _____
 Signature of Recipient

_____ Date (mm/dd/yyyy)

X _____
 Notary Public/Signature Guarantee (If required by the trustee or custodian)

_____ Date (mm/dd/yyyy)

X _____
 Authorized Signature of Accepting Trustee or Custodian

_____ Date (mm/dd/yyyy)