



ACCOUNT TRANSFER FORM

NOTES: This form is used to transfer assets and cash directly from your previous custodian to Specialized IRA Services.

- Submit one form per account you are transferring. If you are transferring multiple accounts, you will need to submit multiple transfer forms.
- Please include a recent account statement with this transfer form.
- Please complete all fields listed below. Failure to complete all required fields may cause a delay in the processing of your transfer request.

PART 1: PROCESSING OPTIONS

- Standard Concierge Activation Specialized Black

PART 2: ACCOUNT HOLDER INFORMATION

Account Holder: _____ SIS Account #: _____

SSN: _____ Date of Birth: _____ Email Address: _____

PART 3: CURRENT CUSTODIAN INFORMATION

Name of Company: _____ Account Number: _____ Value Being Transferred: _____

Street / Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Can this transfer form be faxed? Yes* No

* Please ensure that your previous custodian is able to receive faxed requests prior to selecting "Yes" above. We will mail this transfer form if no election is made.

PART 4: ACCOUNT TRANSFER INSTRUCTIONS

Account type being transferred:

- Traditional SIMPLE
 Roth HSA
 SEP CESA

Other: _____

Transferring to (SIS Account):

- Traditional SIMPLE
 Roth HSA
 SEP CESA

Other: _____

Certain transfers may result in a taxable event. Please speak with your representative prior to completing this section if you have any questions or concerns.

- Full Account Transfer:** Transfer in-kind (Transfer in-kind, all assets and cash) Liquidate (Liquidated all assets, transfer cash)
(Select Transfer in-kind or Liquidate)

- Partial Transfer**
(Complete the section below)

Partial Transfer Instructions:		Cash: \$	
Asset Name	Quantity	Liquidate	Transfer in-kind
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

- Please include a recent account statement for all transfers of assets in-kind (full or partial).
- Liquidating assets prior to the submission of this form will help speed up the transfer process. There may be a delay if assets have not been liquidated prior to submitting this transfer request.
- Please assign all assets to "Specialized IRA Services FBO (CLIENT NAME), IRA, (ACCT#)"

PART 5: TRANSFER METHOD

Please transfer all or part of my IRA held with your organization in the manner specified below:

Send funds by check

Please make a check payable to:

Specialized IRA Services FBO _____, _____

Mailing Address (standard and overnight mail):

Specialized IRA Services
6100 Indian School Rd. NE., Suite 215
Albuquerque, NM. 87110

Send funds by wire

Wire to:
Wells Fargo Bank NA
200 Lomas Blvd NW
Albuquerque, NM 87102
ABA: 121000248
SWIFT: WFBUS65

For Credit to:
Specialized IRA Services LLC
6100 Indian School RD STE 215
Albuquerque, NM 87110

For Further Credit to:
IRA Client Name
IRA Account Number

Receiving Firm Information:
Specialized IRA Services

Account #: 3547658348

PART 6: LIMITED POWER OF ATTORNEY

By signing this form, I, the undersigned, do hereby grant limited power of attorney to Specialized IRA Services, its agents and employees, to request information regarding my account and the status of this transfer or rollover from the custodian listed above. Additionally, I authorize Specialize IRA Services to sign this form on my behalf in the event corrections, medallion or notary be required. The power of attorney shall commence and be in full force as of the date listed below and shall remain in full force and effect until the completion of the transfer as directed on this form.

Signature of Account Holder: _____ Date: _____
(Print and Sign Here)

PART 7: SIGNATURES

I am aware that I am responsible for the payment of Federal income tax on the taxable portion of this surrender and that I may be subject to tax penalties under estimated tax payment rules if my payment of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply and I authorize the transaction described above.

I certify that the information contained on this form is true and correct. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that Specialized IRA Services cannot provide legal advice. I indemnify and agree to hold Specialized IRA Services harmless against any liabilities. I assume full responsibility for the consequences of this transfer or conversion decision. Specialized IRA Services agrees to accept these funds as a transfer or conversion.

Signature of Account Holder or Authorized Representative: _____ Date: _____
(Print and Sign Here)

Printed Name (if other than account holder): _____



*Please check with your current custodian to determine whether they will require a Notary stamp or a Medallion Signature Guarantee stamp to transfer or rollover your account. A signature guarantee can be obtained from your bank. If your current custodian does not require a notary or signature guarantee, please sign above and return this form to Specialized IRA Services, LLC.
*A Notary Public is unable to provide a Medallion Signature Guarantee. Please contact your bank for this service.

Acceptance of Receiving Custodian:

For Office Use Only

Pursuant to limited written delegation, Kingdom Trust Company as Custodian ("Custodian"), has authorized Specialized IRA Services to sign this form on the Custodian's behalf, verify the Custodian's acceptance of the transfer described above, and apply proceeds, upon their receipt, to the account established by Specialized IRA Services on your behalf. The above named Custodian assumes no fiduciary responsibility or trust obligations to you as custodian to your funds with no investment control. Specialized IRA Services, on behalf of (Custodian) Kingdom Trust Company.

Authorized Signer: _____ Date: _____

Account Number: _____

Account Type:

Traditional SEP CESA Roth SIMPLE HSA Other: _____