Recharacterization Form

PO Box 9
Cedar City, UT 84721
Phone: 888-328-8008
Fax: 435-867-1042

Part 1 Account Owner Information

NAME *(as it appears in your plan)*	IRA EXPRESS ACCOUNT NUMBER
EMAIL ADDRESS	PHONE NUMBER

Part 2 Recharacterization Information

Recharacterizing to one the following:

☐ NEW ACCOUNT ☐ TRADITIONAL IRA ☐ SEP IRA ☐ SIMPLE IRA A new account application must be attached.	☐ EXISTING IRA EXPRESS ACCOUNT ☐ TRADITIONAL IRA Account Number: _____ ☐ SEP IRA Account Number: _____ ☐ SIMPLE IRA Account Number: _____

Choose one of the following:

☐ FULL RECHARACTERIZATION *Recharacterize all the assets held in the above account.*	☐ PARTIAL RECHARACTERIZATION *Recharacterize only the assets listed below.*

Asset Description	**Indicate Dollar Amount *(do not use percentages)***
	$
	$
	$
	$
	$

Part 3 Certification and Acknowledgement

1. I certify that the information provided is true and correct to the best of my knowledge.
2. I certify that no tax advice has been given to me by the Administrator or Custodian.
3. I hereby irrevocable elect to treat this transaction as permitted under the IRS Regulations.
4. It is recommended that I consult with my tax advisor before completing this transaction.
5. I acknowledge that the transaction will be reported to the IRS.
6. I acknowledge that it will be reported in the calendar year it is completed.
7. I expressly assume the responsibility for any adverse consequences which may arise from this re-characterization request and I agree that the Administrator and/or Custodian shall in no way be responsible for those consequences.
8. I hereby release the Administrator and/or Custodian from any claim for damages on account of the failure of this transaction to qualify for recharacterization.

Please read the disclosure above the signature line before signing and dating.

SIGNATURE	**DATE**