



Rollover/Direct Rollover Certification 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
SOCIAL SECURITY NUMBER	PHONE	LEGAL ADDRESS
CITY, STATE, ZIP		

Part 2 Previous Custodian's Information

☐ Please check here if your rollover is from your IRA Express account mentioned above.

CUSTODIAN NAME		PREVIOUS CUSTODIAN'S ACCOUNT NUMBER
CONTACT NAME	PHONE	ADDRESS
CITY, STATE, ZIP		

Part 3 Indicate the type of plan you are rolling over from

☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ OTHER (PS, MP, DB, 401(k), 457) _____

Part 4 Verify that you are eligible to perform this transaction (select one)

I am an eligible person to perform this transaction:

<input type="checkbox"/> PLAN PARTICIPANT	<input type="checkbox"/> SPOUSE BENEFICIARY OF ACCOUNT	<input type="checkbox"/> NON-SPOUSE BENEFICIARY OF ACCOUNT	<input type="checkbox"/> EX-SPOUSE OF ACCOUNT DUE TO DIVORCE OR LEGAL SEPARATION	<input type="checkbox"/> RESPONSIBLE INDIVIDUAL
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Part 5 Type of asset(s) to be rolled over

To rollover CASH, please follow the instructions below and contact our office if you are in need of wiring instructions

Amount: \$	Please make checks payable to: IRA Express, Inc. as agent for Custodian FBO (Your Name & IRA Number)
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To rollover INVESTMENTS (private stock, real estate, LLCs, notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description	Value
Total Value:	
<input type="checkbox"/> DELIVERY INSTRUCTIONS ARE ATTACHED	<input type="checkbox"/> CURRENT STATEMENT IS ATTACHED



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Part 6 Account Owner Signature and Acknowledgement

Please note: Your current plan may require additional documentation. Most employer sponsored plans (PS, MP, DB, 401(k), 457 plans) require direct rollover paperwork to be filled out internally before allowing a rollover from their employer sponsored plan. Please contact the plan administrator of your plan for more information.

Please read the following statement carefully.

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of IRA Express Account Application. I understand the rules and conditions applicable to a (check one) ☐ Rollover ☐ Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and I authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-directed account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator and/or Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at IRA Express has authority to agree to anything different than my foregoing understandings of IRA Express policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets as a rollover contribution. By signing this form, I certify that I am completing this rollover within:

- A. 60 calendar days following the day I received the assets, I have not performed a rollover from an IRA within the last 12 months, and that this rollover DOES NOT contain my Required Minimum Distribution.
- B. If am a non-spouse beneficiary, this is a direct rollover from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

I have read and understand the disclosure above

SIGNATURE	DATE
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