

Transfer/Direct Rollover Request

Name of Account Holder _____ SSN # _____-_____-_____
 Address _____
 City _____ State _____ Zip _____ Prior Trustee/Custodian A/C # _____

Name and Address of Present Custodian or Trustee

_____ Transfer Instructions

Please transfer ALL or Part of my present IRA with your organization in the manner listed below:

_____ Direct Rollover Instructions

Directly roll over ALL or Part of my plan balance to my IRA in the manner listed below:

Asset Description	Quantity in IRA	Quantity to Be Transferred/Rolled	Liquidate Immediately	Transfer at Maturity	Transfer In Kind
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I am aware that penalties may be incurred if time deposits are liquidated prior to their maturity date.

Please make check payable as follows: RELIANCE TRUST COMPANY, IRA CUSTODIAN A/C# _____

AGE 70 1/2 RESTRICTIONS - Complete if you will be age 70 1/2 or older in the transfer year.

The following transfer restrictions apply to this transaction:

1. Required Minimum Distribution. I authorize the Custodian or Trustee named above (Select One Option) _____ to distribute my required minimum distribution to transferring my IRA assets _____ to segregate and retain my required minimum distribution amount.
2. Required Elections. (Complete only if you have reached your required beginning date, i.e. April 1 following the year in which you turn age 70 1/2.)
 - a. My oldest primary beneficiary with respect to the transferring IRA is

Name
Date of Birth
Relationship
 - b. My life expectancy _____ is _____ is not being calculated.
 - c. The life expectancy of my spouse beneficiary _____ is _____ is not being calculated. _____ Not applicable.
 I am aware that the elections indicated above become irrevocable as of my required beginning date and will apply to the IRA with the Custodian indicated below.

TRANSFER ONLY

Client's Signature _____ Date _____

DIRECT ROLLOVER ONLY

I understand that rules and conditions applicable to the direct rollovers and certify that I qualify for the funds or assets listed in the "Rollover" section of this Direct Rollover Request. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct transaction and will not hold Reliance Trust Company, Custodian or Issuer of either the distribution or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of funds or property with a value of \$ _____ as a rollover contribution.

Client's Signature _____ Date _____

Reliance Trust Company, hereby agrees to serve as the Custodian for the account of the above-named individual and, in that capacity, agrees to accept the transferred assets or direct rollover of assets listed above.

_____ Date _____
 Authorized Signature of Reliance Trust Company, Custodian