



ROTH IRA ROLLOVER/CONVERSION/ TRANSFER REQUEST

P.O. Box 47647
Atlanta, Georgia 30362-0647
(770) 938-6400 (800) 241-5568

PREVIOUS ROTH IRA CUSTODIAN'S NAME AND ADDRESS			ROTH IRA INDIVIDUAL'S NAME AND ADDRESS	
Prior Trustee's or Custodian's Account Number	Prior Trustee's or Custodian's Business Phone	Home Phone	Social Security Number	Date of Birth

Please read both pages of this form. Complete Option 1, Option 2, or Option 3, and the Signatures section.

OPTION ONE	ROTH IRA ROLLOVER (For an eligible rollover, questions 1 and 2 must be answered NO.)			
1. TIMELINESS - 60 DAYS Have more than 60 days elapsed since you received the distribution from the distributing Roth IRA? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2. TWELVE MONTH RESTRICTION (For an eligible rollover, both questions must be answered NO.) Did you receive any other distributions from the distributing Roth IRA during the preceding 12 months which you also rolled over? <input type="checkbox"/> YES <input type="checkbox"/> NO Have the assets involved in this transaction been previously rolled over from one Roth IRA to another within the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Caution About Commingling Funds: You may generally not roll the funds into an existing Roth Conversion IRA.				

OPTION TWO	ROTH IRA TRANSFER			
1. Please transfer <input type="checkbox"/> all <input type="checkbox"/> part of my Roth IRA balance in the manner listed under the Asset Liquidation Instructions below. Make check payable as follows. _____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Issuer of the _____ Roth IRA. <small>(Name of Accepting Organization) (Name of Roth IRA holder)</small>				
Caution About Commingling Funds: Seek competent tax advice whenever transferring from one Roth IRA to another Roth IRA.				

OPTION THREE	TRADITIONAL IRA TO ROTH IRA CONVERSION (For an eligible rollover, questions 1 through 4 must be answered NO.)			
1. TIMELINESS - 60 DAYS Have more than 60 days elapsed since you received the distribution from the distributing Traditional IRA? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2. 70 1/2 ROLLOVER RESTRICTION If you are age 70 1/2 or older in this calendar year, does the rollover deposit contain any amounts which constitute a required minimum distribution from the distributing plan? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3. INCOME RESTRICTION Will your adjusted gross income for the year exceed \$100,000? <input type="checkbox"/> YES <input type="checkbox"/> NO				
4. TAX RETURN RESTRICTION If you are married, will you and your spouse file separate federal income tax returns for this year? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Caution About Commingling Funds: You may not roll the funds into an existing Roth Conversion IRA which contains conversion contributions made during another calendar year.				
Directly rollover <input type="checkbox"/> all <input type="checkbox"/> part of my Traditional IRA balance in the manner listed under the Asset Liquidation Instructions below. Please make check payable as follows. _____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Issuer of the _____ Roth IRA. <small>(Name of Accepting Organization) (Name of Roth IRA holder)</small>				

ASSET LIQUIDATION INSTRUCTIONS				
Asset Description	Quantity In Plan	Quantity to Be Rolled/Transferred	Liquidate Immediately	Directly Rollover/Transfer In Kind

SIGNATURE	ACCEPTING IRA TRUSTEE OR CUSTODIAN
<p>I have read and understand the rollover rules and conditions on both pages of this form and I have met the requirements for making a Roth rollover, transfer, or conversion. Due to the important tax consequences of rolling over, transferring, or converting funds or property to a Roth IRA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this rollover, transfer, or conversion transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of \$ _____ in cash and/or property as a rollover or conversion contribution.</p> <p>_____ <small>(Roth IRA Holder) (Date)</small></p> <p>_____ <small>(Witness) (Date)</small></p>	<p>The Roth IRA designated by the above-named individual is a valid Roth IRA. The undersigned hereby agrees to serve as the Trustee or Custodian for the Roth IRA of the above-named individual and, in that capacity, agrees to accept the direct rollover of the assets listed above.</p> <p>Account Identification of Accepting Roth IRA 160 _____</p> <p style="text-align: center;">RELIANCE TRUST COMPANY</p> <p>FBO _____</p> <p style="text-align: center;">P.O. BOX 47647, ATLANTA, GA 30362-0647</p> <p>_____ <small>(Authorized Signature of New Trustee, Custodian, Issuer or Plan Administrator) (Date)</small></p>