

Please fax, mail or email paperwork to:

MidAtlantic IRA, LLC
118 West Church Street
Frederick, Maryland 21701
240/575.3880 office
transfers@midatlanticira.com

Account Holder's Name : _____

MIRA Account Number: _____ Daytime Telephone #: _____

Address: _____

City _____ State _____ Zip _____

FORMER CUSTODIAN OR EMPLOYER PLAN INFORMATION

Name of Former Custodian or Employer Plan: _____

Former Custodian or Employer Plan Account No: _____

A copy of my most recent account statement is Attached

Form of Rollover THIS ROLLOVER/DIRECT ROLLOVER IS:

COMPLETE ROLLOVER PARTIAL ROLLOVER

I AM DOING A ROLLOVER/DIRECT ROLLOVER OF:

CASH: all available cash OR specific amount \$ _____

IN-KIND ASSETS: Please complete Section D below if you are rolling over assets in-kind.*

*Note: Distributing and rolling over assets "in-kind" refers to the process of re-registering an asset with the proper vesting for your MidAtlantic IRA Account. For example, as MidAtlantic IRA FBO [Account Holder's Name] IRA# [Account Number].

ASSET(S) DESCRIPTIONS

Asset Description	Asset Value
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PLEASE SELECT ONE OF THE FOLLOWING:

Part 1. ROLLOVER FROM ANOTHER IRA (OR ANOTHER SIMPLE IRA)

I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time home buyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time home buyer.)

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3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA. Date employee first participated in original SIMPLE IRA: ____ / ____ / ____

Part 2. ROLLOVER/DIRECT ROLLOVER FROM AN EMPLOYER PLAN

I certify that the following statements are true and correct:

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employees Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more.
3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant, the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
6. I certify that this Rollover/Direct Rollover does not contain a distribution from a Designated Roth Contribution Account.

Part 3. ADDITIONAL INFORMATION FOR ROLLOVERS BEGINNING AT AGE 70 ½

I received the distribution from the other plan on ____ / ____ / ____ . This distribution is is not an outstanding rollover as of the prior December 31st.

I certify that this rollover does not include any required minimum distribution from the distributing plan, or I certify that I have already satisfied my required minimum distribution for the IRA being rolled over from another IRA.

SIGNATURE OF ACCOUNT HOLDER

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I understand that this will not be a valid IRA rollover unless PART I or PART II (and, if applicable, PART III) are correct statements. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions from qualified plans, qualified annuities, 403(b) plans, governmental 457(b) plans, or the Federal Employees Thrift Savings Plan and Rollovers/Direct Rollovers to IRAs, MidAtlantic IRA, LLC has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I hereby release MidAtlantic IRA, LLC and the Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

Signature of Account Holder: _____ Date ____ / ____ / ____