

Self-Directed IRAs & Tax Strategies

The Name on the Account You are Transferring : Daytime Telephone #: _____ Please send all ORIGINAL application paperwork to: Legal Address: MidAtlantic IRA, LLC 118 West Church Street State Zip Frederick, Maryland 21701 **ACCOUNT BEING TRANSFERRED** A copy of your most recent account statement (all pages) MUST be attached. 240/575.3880 office Present Custodian or Trustee: ___ Address of Delivering Firm: City: ______ State ____ Zip _____ Phone # of Delivering Firm: Account Number: **TYPE** ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE* ☐ Rollover IRA ☐ *FOR SIMPLE IRAs Date Employee First Participated ____/ ___ / ____ (To be completed by present Custodian/Trustee) (NOTE: A SIMPLE IRA may only be transferred to another SIMPLE IRA. After you have participated in your employer's SIMPLE plan for 2 years, you may transfer from a SIMPLE IRA to any IRA other than a Roth IRA or may convert it to a Roth IRA.) I AM ELIGIBLE PERSON TO PERFORM THIS TRANSACTION: (Select One) ☐ IRA Holder ☐ Spouse beneficiary of account ☐ Non-spouse beneficiary of account ☐ Ex-spouse TRANSFER INSTRUCTIONS Directly transfer all or part of my present IRA with your organization in the manner indicated below. COMPLETE TRANSFER This transfer: (Check one) ■ PARTIAL TRANSFER I am aware that penalties may be incurred if time deposits are liquidated prior to their maturity date. TRANSFER THE ASSETS IN THE MANNER PRESCRIBED BELOW Quantity /Dollar Amount To Liquidate Asset Ouantity Transfer Transfer In IRA Be Transferred Description **Immediately** At Maturity In Kind

CASH: DELIVERY INSTRUCTIONS ARE ON THE 2ND PAGE

IN-KIND TRANSFER: Transfer assets IN KIND described below (Private Stocks, Real Estate, LLCs, Notes, etc) to MidAtlantic IRA, LLC FBO (Client Name) IRA. The term "in-kind" refers to the re-registration of an investment, etc.

AGE 73 REMINDER

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 73, the required minimum amount determined under this IRA is still required to be distributed.

I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer.

If this transfer leaves the transferor IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

IRA Transfer Form

(IF YOUR FUNDS ARE COMING FROM A 401K, EMPLOYER SPONSORED PLAN OR IS A 60-DAY ROLLOVER - COMPLETE OUR ROLLOVER / DIRECT ROLLOVER CERTIFICATION FORM INSTEAD)



IRA Transfer Form

(IF YOUR FUNDS ARE COMING FROM A 401K, EMPLOYER SPONSORED PLAN OR IS A 60-DAY ROLLOVER - COMPLETE OUR ROLLOVER / DIRECT ROLLOVER CERTIFICATION FORM INSTEAD)

PL

| PLEASE SIGN THIS SECTION AND RETURN COMPLETED | FORM TO MIDATLA | NTIC IRA Please send all ORIGINAL application paperwork to: |
|--|------------------------------------|--|
| REMINDER - A copy of your most recent account statement (all pages) MUST be attact. 1. I hereby agree to the terms and conditions set forth in the Account Asset Transfer Autland acknowledge having established a self-directed IRA account through the execution (Name of IRA Plan) account app | | Frederick, Maryland 21701 |
| 2. I understand the rules and conditions applicable to an Account Tra 3. I qualify for the account transfer of assets listed in the Asset Liquid such transactions. 4. I understand that no one at MidAtlantic IRA, LLC has authority to my foregoing understandings of MidAtlantic IRA, LLC policy. | nnsfer. dation above and author | 240/575.3880 <i>office</i> re |
| YOUR SIGNATURE | | |
| DATE / / | | |
| Medallion Guarantee Stamp | j fo. I in. I CP | dedallion Guarantee is a special signature guarantee the transfer of securities. It may be required by the itution that currently holds your IRA monies. ck with them to determine if you need to have this dallion Guarantee to transfer your money to us |
| PLEASE SEND MY TRANSFER REQUEST TO MY PRESENT | r CUSTODIAN | |
| VIA ☐ Mail ☐ Express Delivery (additional fees apply) | ☐ Fax | |
| PLEASE SEND CASH FROM PRESENT CUSTODIAN TO MI | IDATLANTIC IRA | |
| DELIVERY FIRM USE ONLY | | |
| WIRE INSTRUCTIONS: First United Bank & Trust 150 East Street, #101 | | PHYSICAL CERTIFICATES: RA, LLC FBO (Client Name) IRA urch Street |

ACCEPTANCE OF RECEIVING CUSTODIAN

BENEFICIARY: MidAtlantic IRA, LLC REFERENCE: (Client Name) IRA

Frederick, MD 21701

ABA# 052100987

AC# 517022934

Pursuant to a limited written delegations, Foundation Trust Company, LLC, as Custodian ("Custodian"), has authorized MidAtlantic IRA, LLC to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt, to the Account established by MidAtlantic IRA, LLC, on your behalf. Foundation Trust Company, LLC, ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR FUNDS.

ALL CHECKS MUST BE WRITTEN:

MidAtlantic IRA FBO (Client Name) IRA

Frederick, MD 21701

MidAtlantic IRA, LLC on behalf of Custodian, Foundation Trust Company, LLC MidAtlantic IRA, LLC, Authorized Signature: _ TYPE ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE MIRA Account # __ ☐ Rollover IRA ☐ Beneficiary IRA