

(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)

The Name on the Account You are Transferring : \_\_\_\_\_

**Please send all ORIGINAL application paperwork to:**

SSN: \_\_\_\_\_ Daytime Telephone #: \_\_\_\_\_

MidAtlantic IRA, LLC  
125 South Carroll Street, Suite 250  
Frederick, Maryland 21701

Legal Address: \_\_\_\_\_

240/575.3880 x208 office

**ACCOUNT BEING TRANSFERRED** A copy of your most recent account statement (all pages) MUST be attached.

Present Custodian or Trustee: \_\_\_\_\_

Address of Delivering Firm: \_\_\_\_\_

Phone # of Delivering Firm: \_\_\_\_\_

Account No: \_\_\_\_\_ **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.

- This transfer: (Check one)  **COMPLETE TRANSFER**  
 **PARTIAL TRANSFER**

I am aware that penalties may be incurred if time deposits are liquidated prior to their maturity date. \_\_\_\_\_ (initial)

**TRANSFER THE ASSETS IN THE MANNER PRESCRIBED BELOW**

Asset Description	Quantity In IRA	Quantity /Dollar Amount To Be Transferred	Liquidate Immediately	Transfer At Maturity	Transfer In Kind
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 70½ REMINDER**

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70½, 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.

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**PLEASE SIGN THIS SECTION AND RETURN COMPLETED FORM TO MIDATLANTIC IRA**

**Please send all ORIGINAL application paperwork to:**

**REMINDER** - A copy of your most recent account statement (all pages) MUST be attached.

1. I hereby agree to the terms and conditions set forth in the Account Asset Transfer Authorization and acknowledge having established a self-directed IRA account through the execution of the \_\_\_\_\_ (Name of IRA Plan) account application.
2. I understand the rules and conditions applicable to an Account Transfer.
3. I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.
4. I understand that no one at MidAtlantic IRA, LLC has authority to agree to anything different than my foregoing understandings of MidAtlantic IRA, LLC policy.

MidAtlantic IRA, LLC  
125 South Carroll Street, Suite 250  
Frederick, Maryland 21701

240/575.3880 x208 office

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



*A Medallion Guarantee is a special signature guarantee for the transfer of securities. It may be required by the institution that currently holds your IRA monies. Check with them to determine if you need to have this Medallion Guarantee to transfer your money to us.*

Medallion Guarantee Stamp

**PLEASE SEND MY TRANSFER REQUEST TO MY PRESENT CUSTODIAN**

VIA  Mail  Express Delivery (\$35)  Fax \_\_\_\_\_

**PLEASE SEND CASH FROM PRESENT CUSTODIAN TO MIDATLANTIC IRA**

VIA  Mail /Check  Wire

**DELIVERY FIRM USE ONLY**

**WIRE INSTRUCTIONS:**

Union Center National Bank  
2933 Vauxhall Rd  
Vauxhall, NJ 07088

ABA# 021205648  
AC# 390364  
BENEFICIARY: MidAtlantic IRA, LLC  
REFERENCE: (Client Name) IRA

**CHECKS AND PHYSICAL CERTIFICATES:**

MidAtlantic IRA, LLC FBO (Client Name) IRA  
125 South Carroll Street, Suite 250  
Frederick, MD 21701

**ALL CHECKS MUST BE WRITTEN:**

MidAtlantic IRA FBO (Client Name) IRA

**ACCEPTANCE OF RECEIVING CUSTODIAN**

Pursuant to a limited written delegations, *Union Center National Bank, 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. Union Center National Bank, 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.

*MidAtlantic IRA, LLC on behalf of Custodian, Union Center National Bank*

MidAtlantic IRA, LLC, Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

MIRA Account # \_\_\_\_\_ **TYPE**  Traditional  Roth  SEP  SIMPLE  Rollover IRA  Beneficiary IRA  \_\_\_\_\_