□ Direct Rollover Request

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish the request for a direct rollover.

OWNER INFORMATION		FINANCIAL ORGANIZATION INFORMATION						
Last Name	First	MI	Financial Organization					
Tax ID	Date of Birth							
			Email					
Account Type	Account Number		Phone					
			T Holle					
Relationship to Current Account Owner								
☐ I am the current account owner ☐ I am the former spouse of the current account owner ☐ I am the spouse beneficiary of the original account owner who is deceased, and I am directly								
rolling over to my own IRA								
I am the spouse, non-spouse, or non-human beneficiary of the original account owner who is deceased, and I am directly rolling over to an inherited IRA								
CURRENT ACCOUNT INFORMATION								
Current Account Type	(Current Account Owner						
Employer-Sponsored Retirer (if plan contains designated Roth assets, the	ey can only be							
directly rolled over to a Roth IRA or inherit		ax ID of Current Account Owner						
Current Plan Administrator Name	/Address							
		Current Account Number						
Current Plan Name								

ROLLOVER INSTRUCTIONS								
Rollover Amount		Rollover Date						
☐ Total Amount☐ Total Amount and Close Current Pla☐ Specific Amount: \$		☐ On a	ediately I specific date In investment		(MM/DD/YYYY)			
Make Payable To								
as Custodian/Trustee of								
Additional Details								
INVESTMENT OPTIONS								
Name	Min imum Deposit	Dividend Rate	Annual Percentage Yield	Investment Number	Amount			
SIGNATURE By signing this Direct Rollover Request, I certify that the information I have provided is true and correct. I understand that I am responsible for ensuring I am eligible to authorize this rollover and I assume all responsibilities for any consequences that arise as a result of my actions. I have not received any legal or tax advice from the Custodian/Trustee and any assistance provided by the Custodian/Trustee is not to be construed as such. I elect to irrevocably designate this deposit as a rollover contribution. I will indemnify and hold the Custodian/Trustee harmless from any consequences related to executing my directions. I authorize the plan administrator to directly roll over the plan assets as indicated above and certify the plan is qualified under the appropriate section of the Internal Revenue Code.								
Print Account Owner Name		Account Owner Signature			Date			
By signing below, the Custodian/Trustee of the receiving IRA agrees to accept this direct rollover as instructed above.								
Print Custodian/Trustee Representative Name		Custodian/Trustee Representative Signature			Date			

(Rev. 02/2025)