

IRA

DIRECT ROLLOVER REQUEST

The term IRA will be used below to mean Traditional IRA and Roth IRA, unless otherwise specified. This form is to be used to request a direct movement of assets from an employer-sponsored retirement plan to an IRA. If your plan contains designated Roth account assets, these assets may only be rolled over to a Roth IRA or an inherited Roth IRA.



PART 1. RECIPIENT

Individual requesting the rollover

Name (First/MI/Last) _____
Address Line 1 _____
Address Line 2 _____
City/State/Zip _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
Account Number _____ Suffix _____

ACCEPTING ACCOUNT TYPE (Select one)

- Traditional IRA Roth IRA
 Inherited Traditional IRA Inherited Roth IRA

PART 3. RECIPIENT RELATIONSHIP TO PLAN PARTICIPANT

RELATIONSHIP TYPE (Select one)

- I am the plan participant.
 I am the former spouse of the plan participant.
 I am the spouse beneficiary of the plan participant directly rolling over to my own IRA.
 I am a spouse, nonspouse, or qualified trust beneficiary of the plan participant directly rolling over to an inherited IRA.

PART 2. ACCEPTING IRA TRUSTEE OR CUSTODIAN

To be completed by the IRA trustee or custodian receiving the assets

Name TMI Trust Company
Address Line 1 Operations Center
Address Line 2 1100 Abernathy Road, Ste. 480
City/State/ZIP Atlanta, GA 30328
Phone 800-241-5568

PART 4. PLAN INFORMATION

PLAN PARTICIPANT

Name (First/MI/Last) _____
Social Security Number _____

EMPLOYER

Name _____
Address _____
City/State/ZIP _____
Phone _____
Plan Name _____

PART 5. ROLLOVER INSTRUCTIONS

Rollover Amount _____ Entire Plan Balance

MAKE PAYABLE TO (If the accepting account type is an inherited IRA, the Name of Recipient must identify the recipient and the plan participant.)

_____ TMI Trust Company _____ as Trustee or Custodian of
Name of Accepting Organization

Name of Recipient IRA

ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Rolled Over	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"/>

PART 6. SIGNATURES

I authorize the direct rollover of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this direct rollover qualifies under the rules that apply to such direct rollovers and agree to comply with those rules. I assume responsibility for any consequences that may result from this direct rollover and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this direct rollover.

TMI Trust Company as the custodian or trustee signing below agrees to accept the assets being rolled over.

X _____
Signature of Recipient Date (mm/dd/yyyy)

X _____
Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)

X _____
Authorized Signature of Accepting Trustee or Custodian Date (mm/dd/yyyy)