



TRANSFER REQUEST



PART 1. RECIPIENT

Individual requesting the transfer

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

PART 2. ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN

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 _____
 DCT/ACAT Participant # _____

ACCEPTING ACCOUNT TYPE (Select one)

- Roth IRA Inherited Roth IRA

STATEMENT REQUIRED – Please attach copy of most recent statement from your current custodian.

PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT ROTH IRA OWNER

RELATIONSHIP TYPE (Select one)

- I am the current Roth IRA owner.
 I am the former spouse of the current Roth IRA owner.
 I am the spouse beneficiary of the original Roth IRA owner transferring assets to my own Roth IRA.
 I am the beneficiary of the original Roth IRA owner transferring assets to an inherited Roth IRA.

PART 4. CURRENT ROTH IRA OWNER

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

CURRENT ACCOUNT TYPE (Select one)

- Roth IRA Inherited Roth IRA

PART 5. CURRENT ROTH IRA TRUSTEE OR CUSTODIAN

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____

PART 6. LIFE EXPECTANCY PAYMENT INSTRUCTIONS

To be completed if the recipient is a beneficiary receiving life expectancy payments

IF YOU HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR THIS YEAR, COMPLETE THE FOLLOWING. (Select one)

- Distribute my life expectancy payment to me before transferring the Roth IRA assets.
 Retain my life expectancy payment amount. I understand that I am responsible for satisfying my life expectancy payment.
 Include the amount that represents my life expectancy payment in the transfer. I understand that I am responsible for satisfying my life expectancy payment.

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)* **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

 Entire Roth IRA Balance This Transfer Will Close the Current Roth IRA **Recurring Transfer**

Transfer Amount _____ Transfer Start Date _____

Frequency *(Select one)* Monthly Quarterly Semi-Annually Annually Other _____**MAKE PAYABLE TO** *(If the accepting IRA type is an inherited Roth IRA, the Name of Recipient must identify both the recipient and the original Roth IRA owner.)*

_____ TMI Trust Company _____ as Trustee or Custodian of
Name of Accepting Roth IRA Trustee or Custodian

_____ Roth IRA
Name of Recipient

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

Asset Description	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"/>

PART 8. SIGNATURES

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

TMI Trust Company by signing below agrees to accept the assets being transferred.

X

Signature of Recipient _____

Date (mm/dd/yyyy) _____

XNotary 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) _____