



# ACCOUNT TRANSFER FORM

**NOTES:** This form is used to transfer assets and cash directly from your previous administrator to Specialized Trust Company.

- Submit one form per account you are transferring. If you are transferring multiple accounts, you will need to submit multiple transfer forms.
- Please include a recent account statement with this transfer form.
- Please complete all fields listed below. Failure to complete all required fields may cause a delay in the processing of your transfer request.

## PART 1: PROCESSING OPTIONS

- Standard       Concierge Activation       Specialized Black

## PART 2: ACCOUNT HOLDER INFORMATION

Account Holder: \_\_\_\_\_ STC Account #: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

## PART 3: CURRENT ADMINISTRATOR INFORMATION

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_ Value Being Transferred: \_\_\_\_\_  
 Street / Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Can this transfer form be faxed?     Yes\*     No

\* Please ensure that your previous administrator is able to receive faxed requests prior to selecting "Yes" above. We will mail this transfer form if no election is made.

## PART 4: ACCOUNT TRANSFER INSTRUCTIONS

Account type being transferred:

- Traditional     SIMPLE  
 Roth     HSA  
 SEP     CESA  
 Other \_\_\_\_\_

Transferring to (STC Account):

- Traditional     SIMPLE  
 Roth     HSA  
 SEP     CESA  
 Other \_\_\_\_\_

Certain transfers may result in a taxable event. Please speak with your representative prior to completing this section if you have any questions or concerns.

- Full Account Transfer:**     **Transfer in-kind (Transfer in-kind, all assets and cash)**     **Liquidate (Liquidated all assets, transfer cash)**  
*(Select Transfer in-kind or Liquidate)*

**Partial Transfer**  
*(Complete the section below)*

Partial Transfer Instructions:

Asset Name	Quantity	Cash: \$ _____	
		Liquidate	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"/>

- Notes:
- Please include a recent account statement for all transfers of assets in-kind (full or partial).
  - Liquidating assets prior to the submission of this form will help speed up the transfer process. There may be a delay if assets have not been liquidated prior to submitting this transfer request.
  - Please assign all assets to "Specialized Trust Company Custodian FBO (CLIENT NAME or Solo 401K Plan Name), Account Type, (ACCT#)"

## PART 5: TRANSFER METHOD

Please transfer all or part of my IRA held with your organization in the manner specified below:

Send funds by check

Please make a check payable to:

Specialized Trust Company Custodian FBO \_\_\_\_\_, \_\_\_\_\_

Mailing Address (standard and overnight mail):

**Specialized Trust Company**  
6100 Indian School Rd. NE., Suite 215  
Albuquerque, NM. 87110

Send funds by wire

**Wire to:**  
Wells Fargo Bank NA  
420 Montgomery  
San Francisco, CA 94104  
ACCOUNT: 7532783938  
ABA: 121000248  
SWIFT: WFBIUS6S  
**For Credit to:**  
Specialized Trust Company  
6100 Indian School RD STE  
215 Albuquerque, NM 87110

**For Further Credit to:**

IRA Client Name  
IRA Account Number

**Receiving Firm Information:**

Specialized Trust Company  
Account #: 7532783938

## PART 6: LIMITED POWER OF ATTORNEY

By signing this form, I, the undersigned, do hereby grant limited power of attorney to Specialized Trust Company, its agents and employees, to request information regarding my account and the status of this transfer or rollover from the custodian listed above. Additionally, I authorize Specialized Trust Company to sign this form on my behalf in the event corrections, medallion or notary be required. The power of attorney shall commence and be in full force as of the date listed below and shall remain in full force and effect until the completion of the transfer as direct-ed on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print and Sign Here)*

## PART 7: SIGNATURES

I am aware that I am responsible for the payment of Federal income tax on the taxable portion of this surrender and that I may be subject to tax penalties under estimated tax payment rules if my payment of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply and I authorize the transaction described above.

I certify that the information contained on this form is true and correct. I understand that I should seek the guidance of a tax or legal pro-fessional with regard to this decision. I understand that Specialized Trust Company cannot provide legal advice. I indemnify and agree to hold Specialized Trust Company harmless against any liabilities. I assume full responsibility for the consequences of this transfer or conversion decision. Specialized Trust Company agrees to accept these funds as a transfer or conversion.

Signature of Account Holder or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print and Sign Here)*

**Printed Name (if other than account holder):** \_\_\_\_\_



\*Please check with your current custodian to determine whether they will require a Notary stamp or a Medallion Signature Guarantee stamp to transfer or rollover your account. A signature guarantee can be obtained from your bank. If your current custodian does not require a notary or signature guarantee, please sign above and return this form to Specialized Trust Company LLC.  
\*A Notary Public is unable to provide a Medallion Signature Guarantee. Please contact your bank for this service.

### *For Office Use Only* Acceptance of Receiving Custodian:

Our organization agrees to serve as the new custodian or trustee for the IRA account of the above-named individual, and as custodian or trustee, we agree to accept the assets being transferred.

**New Custodian:** Specialized Trust Company EIN: 82-4510288

**Vesting For IRA Accounts:** Specialized Trust Company Custodian FBO Client's Name, Account Type or **Vesting For 401K Plans:** Specialized Trust Company Custodian FBO 401K Plan Name, Trustee's Name

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:

Traditional  SEP  CESA  Roth  SIMPLE  HSA  Other: \_\_\_\_\_