



INTERNAL ACCOUNT CONVERSION FORM

P.O. Box 3587, Albuquerque, NM 87190 • Toll Free: 1-800-529-3951 • Local: 505-514-0539 • Fax: 505-792-6096 • help@IRASTC.com

PART 1: ACCOUNT OWNER INFORMATION

Name (First, Middle, Last): _____

Email Address: _____ Primary Contact Number: _____

PART 2: ACCOUNT INFORMATION

Converting From (Type of Account): Traditional SEP IRA Simple IRA* Other _____

Converting from Account # : _____ Roth IRA Account #(if assigned) : _____

**SIMPLE plans that have not been active for 2 years are ineligible for conversion.*

PART 3: CONVERSION INFORMATION

Conversion Type (select one)

- Full Conversion (Close Account)
- Partial Conversion

Account Assets to Convert (select all that apply)

- Cash \$ _____
- Assets In-Kind

(complete section below)

In-Kind Assets to Convert:

Asset Description: _____

Asset Description: _____

Asset Description: _____

- Fair Market Valuation by independent third party is required for assets prior to conversion.

PART 4: ACKNOWLEDGEMENTS AND SIGNATURE

My IRA account is self-directed and I alone am responsible for determining eligibility for all conversions and re-conversion requests. I understand that I am initiating an account conversion and I agree to indemnify and hold harmless Specialized Trust Company for any issues that may arise as the result of this action. I further agree to consult with my own tax professional regarding any possible tax consequences that may result from this conversion / reconversion.

Signature : _____ Date : _____

Internal Use

Reviewed By: _____ Date : _____