

# ROTH IRA TRANSFER REQUEST



Church Extension Plan

PARTNERS in MINISTRY®

<b>ROTH IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)</b>			<b>CURRENT ROTH IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS</b>		
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Home Phone</b>	<b>Roth IRA Account Identification (Transferring Roth IRA)</b>	<b>Trustee's or Custodian's Phone Number</b>	

<b>BENEFICIARY (or Former Spouse) INFORMATION</b> <i>This section should be completed by a beneficiary upon the Roth IRA holder's death or a former spouse as a result of a property settlement. DO NOT use this section to name or change your beneficiary(ies).</i>	
<b>Beneficiary's (or Former Spouse's) Name and Address</b>	
<b>Social Security Number</b>	<b>Date of Birth</b>
<b>Phone</b>	<b>Relationship</b>

<b>TRANSFER INSTRUCTIONS</b>	
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the Roth IRA identified above in the following manner.	
Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	
Please make a check payable as follows:	
<b>Church Extension Plan</b> as <input type="checkbox"/> Trustee <input checked="" type="checkbox"/> Custodian <small>(Name of Accepting Organization)</small>	
of the _____ Roth IRA. <small>(Name of Roth IRA Holder)</small>	
This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the Roth IRA.	

ASSET HANDLING INSTRUCTIONS				
Asset Description	Quantity Or Amount In Roth IRA	Quantity Or Amount To Be Transferred	Liquidate Immediately	Liquidate at Maturity
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>

<b>BENEFICIARY TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)</b> <i>Complete this section, if applicable, only if you are the beneficiary of a Roth IRA.</i>	
I authorize the Trustee or Custodian named above to	<input type="checkbox"/> distribute my RMD to me prior to transferring the Roth IRA assets, <input type="checkbox"/> segregate and retain my RMD amount, or <input type="checkbox"/> include the amount that represents my RMD in the transfer.

<b>SIGNATURE OF ROTH IRA HOLDER, BENEFICIARY OR FORMER SPOUSE</b>	
I authorize the transfer of the Roth IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.	
I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.	
_____	_____
<small>(Roth IRA Holder, Beneficiary or Former Spouse)</small>	<small>(Date)</small>

<b>ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN</b>	
Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.	
Account Identification of Accepting Roth IRA _____	
<b>Church Extension Plan</b>	
PO Box 12629	
Salem, OR 97309	
(800) 821-1112	
_____	_____
<small>(Authorized Signature of New Trustee or Custodian)</small>	<small>(Date)</small>