

# ROTH IRA TRANSFER REQUEST



Church Extension Plan

PARTNERS in MINISTRY®

<b>RECIPIENT'S NAME AND ADDRESS</b> <i>(Individual requesting the transfer)</i>			<b>CURRENT ROTH IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS</b>		
<b>Recipient's Social Security Number</b>		<b>Recipient's Date of Birth</b>	<b>Recipient's Home Phone</b>	<b>Roth IRA Account Identification (Transferring Roth IRA)</b>	<b>Trustee's or Custodian's Phone Number</b>
			<b>Original Roth IRA Holder's Name</b> <i>Complete only if recipient is not original Roth IRA holder.</i>		<b>Original Roth IRA Holder's Social Security Number</b>

**TRANSFER INSTRUCTIONS**

Directly transfer  all or  part of the Roth IRA identified above in the manner listed below.  
 Frequency:  One-time  Monthly  Quarterly  Annually  Other \_\_\_\_\_  
 This transfer  will  will not close the Roth IRA.  
 Please make a check payable as follows. **NOTE:** Complete one of the following applicable options. If more than one option applies, complete a separate form per transaction.

<b>OPTION ONE</b> <b>Roth IRA Holder Transfer</b>	<b>OPTION TWO</b> <b>Spouse Beneficiary Transfer to Own Roth IRA</b>
_____ Church Extension Plan (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input checked="" type="checkbox"/> Custodian of the _____ Roth IRA. (Name of Roth IRA Holder)	_____ Church Extension Plan (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input checked="" type="checkbox"/> Custodian of the _____ Roth IRA. (Name of Spouse Beneficiary)
<b>OPTION THREE</b> <b>Roth IRA Transfer Due to Divorce</b>	<b>OPTION FOUR</b> <b>Inherited Roth IRA Transfer</b>
_____ Church Extension Plan (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input checked="" type="checkbox"/> Custodian of the _____ Roth IRA. (Name of Former Spouse)	_____ Church Extension Plan (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input checked="" type="checkbox"/> Custodian of the _____, as beneficiary of _____ Roth IRA. (Name of Inherited Roth IRA Owner) _____ (Name of Deceased Roth IRA Holder)

**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"/>

**BENEFICIARY TRANSFER INSTRUCTIONS FOR LIFE EXPECTANCY PAYMENT**

*Complete this section, if applicable, only if you are the beneficiary of a Roth IRA.*

I authorize the Trustee or Custodian named above to  distribute my life expectancy payment to me prior to transferring the Roth IRA assets,  segregate and retain my life expectancy payment amount, or  include the amount that represents my life expectancy payment in the transfer.

**SIGNATURE**

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.

\_\_\_\_\_  
(Recipient)

\_\_\_\_\_  
(Date)

**ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN**

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 \_\_\_\_\_

**Church Extension Plan**  
**PO Box 12629**  
**Salem, OR 97309**  
**(800) 821-1112**

\_\_\_\_\_  
(Authorized Signature of New Trustee or Custodian)

\_\_\_\_\_  
(Date)