

IRA TRANSFER REQUEST

This form is not designed to be used to transfer, convert or recharacterize assets from a Traditional IRA to a Roth IRA.



Church Extension Plan

PARTNERS in MINISTRY®

IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)	CURRENT IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS

Social Security Number	Date of Birth	Home Phone	IRA Account Identification (Transferring Traditional IRA)	Trustee's or Custodian's Phone Number
			<input type="checkbox"/> Traditional IRA	

BENEFICIARY (or Former Spouse) INFORMATION <i>This section should be completed by a beneficiary upon the 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>	
Beneficiary's (or Former Spouse's) Name and Address	
Social Security Number	Date of Birth
Phone	Relationship

TRANSFER INSTRUCTIONS
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the 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: Church Extension Plan as <input type="checkbox"/> Trustee <input checked="" type="checkbox"/> Custodian <small>(Name of Accepting Organization)</small> of the _____ IRA. <small>(Name of IRA Holder)</small>
This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the IRA. This transfer deposit <input type="checkbox"/> should <input type="checkbox"/> should not be placed in a conduit IRA.

ASSET HANDLING INSTRUCTIONS				
Asset Description	Quantity Or Amount In 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"/>

TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD) <i>Complete if applicable.</i>	
I authorize the Trustee or Custodian named above to	<input type="checkbox"/> distribute my RMD to me prior to transferring my 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.

SIGNATURE OF IRA HOLDER, BENEFICIARY OR FORMER SPOUSE
I authorize the transfer of the 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.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">(IRA Holder, Beneficiary or Former Spouse)</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">(Date)</div> </div>

ACCEPTING 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 IRA _____
Church Extension Plan PO Box 12629 Salem, OR 97309 (800) 821-1112
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">(Authorized Signature of New Trustee or Custodian)</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">(Date)</div> </div>