

IRA TRANSFER REQUEST



Church Extension Plan

PARTNERS in MINISTRY®

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

TRANSFER INSTRUCTIONS

Directly transfer all or part of the IRA identified above in the manner listed below.
 Frequency: One-time Monthly Quarterly Annually Other _____
 This transfer will will not close the 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.

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

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) OR LIFE EXPECTANCY PAYMENT
Complete this section if applicable, only if you are an IRA holder age 70½ or older or the beneficiary of an IRA.

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

SIGNATURE	ACCEPTING IRA TRUSTEE OR CUSTODIAN
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.	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 _____ <p style="text-align: center;"> Church Extension Plan PO Box 12629 Salem, OR 97309 (800) 821-1112 </p>
_____ (Recipient)	_____ (Authorized Signature of New Trustee or Custodian)
_____ (Date)	_____ (Date)