



**Traditional IRA Account Application  
Transfer Request**

409 Silverside Road, Suite 105  
Wilmington, DE 19809

This form should be used when transferring an IRA held at another financial institution into a new or existing IRA held at this institution, also known as the Receiving IRA Trustee/Custodian. Once this form is submitted, the Bank will forward this request to the financial institution you indicate.

**Completed only if you selected the *Transfer* deposit type on page 1, Part 3 of this application.**

Name of Financial Institution: \_\_\_\_\_

**PART 1: Current IRA Trustee/Custodian**

**Acceptance** - By the authorized signature below, the successor Receiving IRA Trustee/Custodian agrees to accept the transferred assets and to deposit them into an IRS-approved IRA.

Name:		Address:	
City:	State:	Zip:	

**PART 2: IRA Owner Information**

Name:		Address:	
City:	State:	Zip:	
Social Security Number:		Date of Birth: (mm/dd/yyyy)	
Home Phone Number:		Daytime Phone Number:	

**PART 3: Transfer Authorization to Current IRA Trustee/Custodian**

Please transfer the following IRA Assets\*:  Traditional  SEP  SIMPLE  ROTH

- The entire balance
- Only the balance in these account(s): # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_
- Other: (specify) \_\_\_\_\_

Please transfer the assets:  immediately\*\*  at maturity  on (specify date) \_\_\_\_\_ \*\*

Transfer to: \_\_\_\_\_, for the benefit of \_\_\_\_\_  
Name of Receiving IRA Trustee/Custodian Name of IRA Owner

**Transfer Method:**

- Mail check to: \_\_\_\_\_  
Address of Receiving IRA Trustee/Custodian City/State/Zip Attention
- Wire funds to: \_\_\_\_\_  
Routing Number of Receiving IRA Trustee/Custodian Account Number Account Title

\* Section 408(d)(3)(B) provides that an individual is permitted to make only one nontaxable 60-day rollover between IRAs in any 1-year period. Rollover from a traditional IRA to a Roth IRA (a "conversion") is not subject to the one-rollover-per-year limitation. Also does not apply to a rollover to or from a qualified plan.  
\*\* I understand that penalties for early withdrawal may apply.

**Note:** Please return one copy of this form to the receiving IRA Trustee/Custodian.

**PART 4: Signatures**

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Receiving Trustee/Custodian. The Receiving Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction.

I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of IRA Owner:	Date: (mm/dd/yyyy)
Authorized Signature of Receiving IRA Trustee/Custodian:	Date: (mm/dd/yyyy)