

IRA TRANSFER REQUEST

The term IRA will be used below to mean Traditional IRA and SIMPLE IRA, unless otherwise specified.

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 IRA)	Type of IRA (Transferring IRA)	Trustee's or Custodian's Phone Number
				<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA	

Complete all sections of this form which apply to you. This form is not designed to be used to transfer assets from a Traditional IRA to a Roth IRA.

BENEFICIARY INFORMATION		TRANSFER INSTRUCTIONS	
Beneficiary's (or Former Spouse's) Name and Address		Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the IRA identified above in the following manner. This is a <input type="checkbox"/> one-time request or <input type="checkbox"/> standing request to transfer the amount elected: <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually <input type="checkbox"/> other: _____	
Social Security Number	Date of Birth	Please make a check payable as follows: _____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian (Name of Accepting Organization)	
Phone	Relationship	of the _____ IRA. (IRA Holder's Name)	
		This transfer should be placed in <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA. 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 LIQUIDATION INSTRUCTIONS					
Asset Description	Quantity In IRA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)
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.

<p>SIGNATURE OF IRA HOLDER, BENEFICIARY OR FORMER SPOUSE</p> <p>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.</p> <p>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. Further, I understand that a transfer from a SIMPLE IRA to SIMPLE IRA on a more frequent basis than monthly from a Designated Financial Institution, or a change in my transfer request outside my election period, may result in costs or penalties. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my assets.</p> <p>_____ (IRA Holder's, Beneficiary's or Former Spouse's Signature) (Date)</p> <p>_____ (Notary Public/Signature Guarantee) (Date)</p>	<p style="text-align: center;">ACCEPTING IRA TRUSTEE OR CUSTODIAN</p> <p>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.</p> <p>Account Identification of Accepting IRA _____</p> <p style="text-align: center;"> <u> KH FUNDING COMPANY </u> <u> ATTN: TRUST SERVICES DEPT. </u> <u> 10801 LOCKWOOD DRIVE #370 </u> <u> SILVER SPRING, MD 20901 </u> </p> <p>_____ (Authorized Signature of New Trustee or Custodian) (Date)</p>
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