

Rollover Certification Form Instructions

Form Use

Use this form when rolling over funds directly from an Employer Sponsored Plan, or if completing a rollover from an IRA to your IRA with IRAR.

If you need assistance completing the form, please call us at:

888-322-6534 option 1

Fees and Processing


Rollover processing fee: \$0


Wire fee: \$30

IRAR processing time: Same day

Submission Options

 **Email**
forms@iraresources.com

 **Fax**
858-459-6565

 **Mail**
IRA Resources, Inc.
1000 Broadway, Suite 350
Oakland, CA 94607

Instructions

- You MUST contact your current custodian to initiate the process.** Complete ALL sections of the Account Rollover Form in order for us to allocate the funds to your account when they arrive.
- A **Direct Rollover** is when you are moving money from an Employer Sponsored plan (401(k), 403(b), or 457(b) plan) directly to an IRA with IRAR.
- A **Rollover** is when you've taken a distribution from a retirement plan and are sending over funds and/or assets to IRAR within 60 days of the initial distribution date.
- For each account that is being rolled over to IRAR, you **MUST** complete a separate form.

IRS Rollover Chart [↓](#)

Download chart to see what types of accounts can be rolled over.

IMPORTANT

Beginning in 2015, you can make only one rollover from an IRA to another (or the same) IRA in any 12-month period, regardless of the number of IRAs you own. See: <https://www.irs.gov/retirement-plans/ira-one-rollover-per-year-rule>

When rolling over funds to make an investment, move an amount that will cover transaction fees and the investment purchase. Lack of funds will delay your investment purchase.



IRA RESOURCES, INC.

Rollover Certification Form

1. ACCOUNT OWNER INFORMATION

Form section for Account Owner Information with fields for Full Name, IRAR Account Number, Social Security Number, Email Address, and Daytime Phone Number.

2. ACCOUNT INFORMATION

Form section for Account Information including a question about distribution from the IRAR account and checkboxes for various account types like Traditional IRA, Roth IRA, etc.

3. PREVIOUS CUSTODIAN/EMPLOYER PLAN ADMINISTRATION VERIFICATION

Form section for Previous Custodian/Employer Plan Administration Verification with a 'Must' contact instruction and fields for Custodian/Administrator details.

4. VERIFICATION OF ELIGIBILITY TO PERFORM THIS TRANSACTION

Form section for Verification of Eligibility to Perform This Transaction with checkboxes for Plan Participant, Spouse Beneficiary, etc.

5. TYPE OF ASSETS TO BE ROLLED OVER

Form section for Type of Assets to be Rolled Over with a table for Cash Asset and Asset(s) Description/Quantity.



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6. DELIVERY METHOD FOR CASH

Indicate How The Funds Will Be Delivered to IRAR by Selecting One of the Options Below:

Form with two columns of options: Check (Funds available in 5 business days) and Incoming Wire Transfer (additional fee applies, Funds available next day). Includes bank information for Citizens Business Bank.

7. ACCOUNT OWNER SIGNATURE AND ACKNOWLEDGEMENT

Your signature is required. Please ensure that you read and acknowledge the following disclosure before you sign and date this form.

Please note: Your current plan may require additional documentation. Please read the following statement carefully.

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of IRAR Trust Company Account Application. I understand the rules and conditions applicable to a Rollover or Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed section 5 above and authorize such transactions. I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold IRAR Trust Company liable for any adverse consequences that may result from this.

I confirm that assets to be rolled over into my custodial account do not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling, or illegal artifacts. I further confirm that the custodial account will not hold or engage in transactions involving illegal holdings while IRAR Trust Company serves as custodian, and should the custodial account ever come to hold an illegal or impermissible investment under South Dakota or Federal law, I will notify IRAR Trust Company immediately.

By signing this form, I certify that I am completing this rollover within:

- A. 60 calendar days following the day I received the asset(s), I have not performed a rollover from an IRA within the last 12 months, and the rollover DOES NOT contain my Required Minimum Distribution.
B. If I am a non-spouse beneficiary, this is a direct rollover from an employer plan, and the rollover contribution DOES NOT contain my Required Minimum Distribution.

I have read and understand the disclosure above.

Signature and Date fields with arrows pointing to the right.

Submission Options

Table with 3 columns: FAX (858) 459-6565, EMAIL forms@iraresources.com, MAIL IRA Resources 1000 Broadway, Suite 350 Oakland, CA 94607