

Roth Conversion

1. ACCOUNT OWNER INFORMATION

First Name	Initial	Last Name		IRAR A	Account Number	Social Security Number
Email Address						Daytime Phone Number
Type of Account Being Converted (check one)			□ Traditional IR	A	□ SIMPLE IRA	SEP IRA

2. CONVERSION INFORMATION

Choose One Of The Following:	
□ New Roth IRA This is a conversion to a NEW Roth IRA. An account application must be attached.	Existing Roth IRA This is a conversion to an EXISTING Roth IRA Existing Roth Account Number:
Choose One Of The Following:	
□ Full Conversion <i>(Convert all assets held in the above account)</i> □ Leave the converted account open □ Close the converted account	□ Partial Conversion <i>(Convert the assets indicated below)</i>
Asset(s) Description (real estate, note, stock, LLC, etc.)*	Indicate Dollar Amount (do not use percentages)
* A Fair Market Valuation (FMV) Form must be filled out (including supporting documer	ntation) for each asset being converted

3. TAX WITHHOLDING

The IRS requires withholding of 10% of Traditional IRA funds being converted to a Roth IRA unless you instruct us otherwise. If you use IRA money to pay the taxes owed when you convert from the Traditional IRA to the Roth IRA, you may owe a federal early withdrawal penalty on the funds if you are under 59 ½ (because the IRA will treat this money as a withdrawal from your IRA), and you will also owe income taxes.

Please make your selection below. Please note that if neither election is made, IRAR Trust must automatically withhold 10% of funds. Distributions (including this conversion) from your IRA are subject to federal (and possible state) income tax. If you elect to not have taxes withheld, you are nevertheless liable for payment of income tax and any applicable tax penalty and interest on the taxable portion of the distribution.

Federal Withholding	State Withholding
 I elect to NOT have federal income tax withheld I elect to have% federal income tax withheld <i>(must be greater than 10%)</i> In addition to the percentage, I elect to have \$ federal income tax withheld 	 I elect to NOT have state income tax withheld I elect to have% state income tax withheld* *State withholding will only be processed for the following state: California

IRAR PROCESSING CENTER 100 PRINGLE AVE, SUITE 650 WALNUT CREEK, CA 94596 PHONE: 888-322-6534 FAX: 858-459-6565 EMAIL: FORMS@IRARESOURCES.COM



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4. PAYMENT OF IRAR FEES

How Will You Pay for Transaction Fees? Transaction fees are charged upon form submission	n. If credit card is declined, fe	es will be debited from IRA. Transa	action will NOT be proce	essed without payment.
Debit IRAR Account		Credit Card (complete crea	lit card information be	low)
Credit Card Type				
□ Visa □ Master Card □ Americ	an Express 🛛 🗆 Dise	cover 🛛 🗆 Save this card	d to my account for	future fees
Name As it Appears on the Card	Card Number		Expiration Date	Security Code
Billing Address	Billing City		Billing State	Billing Zip
By signing below, I authorize my credit card to be cha charges declined by the credit card issuer will delay th writing.	0		•	
Signature				Date
→				

5. ACCOUNT OWNER CERTIFICATION AND ACKNOWLEDGEMENT

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

- 1. I certify that the information provided is true and correct to the best of my knowledge, and I certify that no tax advice has been given to me by IRAR Trust Company;
- 2. I acknowledge a conversion from a traditional IRA to a Roth IRA is treated as a taxable distribution. It is recommended that I consult with my tax advisor before completing this transaction;
- 3. I acknowledge that this transaction is subject to federal income tax withholding unless I have specifically requested above, that federal income taxes not be withheld, and I am eligible to opt out of withholding;
- 4. I acknowledge that state tax withholding rules may also apply;
- 5. I acknowledge that the taxable converted amount will be subject to federal income taxes in the year in which the conversion occurs;
- 6. I expressly assume the responsibility for any adverse consequences which may arise from this conversion request and I agree that I will indemnify IRAR Trust Company from any liability if I fail to meet any IRS requirement.

If fees are being deducted from your account, the full amount of the fees must be available before your transaction can be processed.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

PRINT NAME	ACCOUNT OWNER SIGNATURE	DATE
	→	

Submission Options				
FAX	EMAIL	MAIL		
(858) 459-6565	forms@iraresources.com	IRA Resources, Inc. 100 Pringle Ave, Suite 650 Walnut Creek, CA 94596		

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