



IRA RESOURCES, INC.

Roth Conversion

1. ACCOUNT OWNER INFORMATION

Form with fields for First Name, Initial, Last Name, IRAR Account Number, Social Security Number, Email Address, Daytime Phone Number, and Type of Account Being Converted (Traditional IRA, SIMPLE IRA, SEP IRA).

2. CONVERSION INFORMATION

Form with sections for 'Choose One Of The Following' (New Roth IRA vs Existing Roth IRA) and 'Asset(s) Description' with corresponding dollar amounts.

3. TAX WITHHOLDING

The IRS requires withholding of 10% of Traditional IRA funds being converted to a Roth IRA unless you instruct us otherwise.

Please make your selection below. Please note that if neither election is made, IRAR Trust must automatically withhold 10% of funds.

Form with sections for Federal Withholding and State Withholding, including checkboxes for tax election percentages and dollar amounts.



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4. PAYMENT OF IRAR FEES

How Will You Pay for Transaction Fees? Transaction fees are charged upon form submission. If credit card is declined, fees will be debited from IRA. Transaction will NOT be processed without payment.			
<input type="checkbox"/> Debit IRAR Account		<input type="checkbox"/> Credit Card <i>(complete credit card information below)</i>	
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Save this card 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 charged for the option(s) chosen above. I understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.			
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.

- 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;
- 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;
- 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;
- I acknowledge that state tax withholding rules may also apply;
- I acknowledge that the taxable converted amount will be subject to federal income taxes in the year in which the conversion occurs;
- 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