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Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

PART 1. ACCOUNT OWNER INFORMATION *(Do not use this form for conversions to a Roth IRA)*

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Transfer From Account #:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Solo (k)
<input type="text"/>					

Transfer To Account #:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Solo (k)
<input type="text"/>					

PART 2. TRANSFER INFORMATION

I hereby direct Horizon Trust to execute the following transfer option(s) indicated below.

☐ **Option A: Complete Transfer**

<input type="checkbox"/> Transfer all assets in-kind and entire cash balance	Est. Cash Amount:	<input type="text"/>
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☐ **Option B: Partial Transfer**

<input type="checkbox"/> Cash balance to be transferred	Amount:	<input type="text"/>
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☐ Transfer the following Asset(s):

Asset Description:	Quantity to Transfer:	Liquidate Immediately	Transfer In-Kind
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3. AUTHORIZATION & SIGNATURE

I am aware that I am responsible for the payment of Federal Income Tax on the taxable portion of this surrender and that I may be subject to tax penalties under Estimated Tax Payment rules if my payment of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply and I authorize the transaction described above. I certify that the information contained on this form is true and correct. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian cannot provide legal advice. I indemnify and agree to hold the custodian harmless against any liabilities. I assume full responsibility for the consequences of this internal rollover decision. The custodian agrees to accept these funds as an internal rollover.

Signature of Account Owner:	Account Owner Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>