



DIRECT ROLLOVER REQUEST

The Term IRA will be used to mean Traditional IRA and Roth IRA unless otherwise specified.

MAILING ADDRESS
Horizon Trust Company
P.O. Box 30007
Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:
Horizon Trust Company
6301 Indian School Rd. NE, Suite 614
Albuquerque, NM 87110

RECIPIENT

Name: _____ Social Security No.: _____
Address : _____ City : _____ State : _____ Zip : _____
DOB: _____ Phone: _____ Email Address: _____

EMPLOYER

Employer Name: _____
Address : _____ City : _____ State : _____ Zip : _____
Plan Name: _____ Phone Number : _____
Participant Name: _____ Participant Social Security No.: _____

DIRECT ROLLOVER INSTRUCTIONS

Directly roll over: all or Part of my plan balance to my IRA, Qualified Retirement Plan, 403(b) Plan, or 457 (b) Plan in the manner listed below. Please make a check payable as follows. NOTE: Complete any of the following applicable options. If more than one option is selected, separate checks may have to be issued.

OPTION 1: TRADITIONAL IRA

(Name of Accepting Organization)
as Trustee Custodian of the _____ IRA.
(IRA Holder Name)

Caution: Do not place the assets in a SIMPLE IRA or Coverdell Education Savings account. Roth elective deferrals may not be rolled over to a Traditional IRA

OPTION 2: ROTH IRA

Name of Accepting Organization
as Trustee Custodian of the _____ Roth IRA.
(Roth IRA Holder Name)

Caution: A rollover of pretax assets from an eligible retirement plan to a Roth IRA will result in those amounts being included in your taxable income.

OPTION 3: INHERITED TRADITIONAL OR ROTH IRA

(Name of Accepting Organization)
as Trustee Custodian of the Inherited
 Traditional IRA Roth IRA
FBO, _____ as beneficiary of
(IRA Holder Name)

(Name of Original Plan Participant)

Caution: Roth elective deferrals made to a 401(k) or 403(b) plan and the earnings attributable to them may not be rolled to an inherited Traditional IRA. A rollover of pretax assets from an eligible retirement plan to an inherited Roth IRA will result in those amounts being included in your taxable income.

OPTION 4: QUALIFIED RETIREMENT PLAN, 403(b) PLAN, OR 457(b) PLAN

Name of Accepting Organization
as Trustee Custodian of the _____ FBO.
(Name of Plan)

(Name of Individual)

Caution: Roth elective deferrals made to a 401(k) or 403(b) plan may only be rolled over to a similar type plan that allows for them (i.e., 401(k) to 401(k)).

ASSET HANDLING INSTRUCTIONS

Asset Description	Quantity or Amount In Plan	Quantity or Amount To Be Rolled	Liquidate Immediately	Directly Roll Over 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"/>

REQUIRED MINIMUM DISTRIBUTION RESTRICTION

If this rollover is being made during or after the first year for which you must take a required minimum distribution, you may not roll over any distribution which would constitute a required minimum distribution from the distributing plan. NOTE: Please check with your plan administrator for more information.

SIGNATURE

I have read and understand the IRC Sec. 402(f) Notice provided to me by the Plan Administrator. I understand the rules and conditions applicable to direct rollovers and certify that I have met the requirements for making a direct rollover of the funds or property listed above. Due to the important tax consequences of rolling over funds or property to an IRA or other qualified plan, I have been advised to see a tax professional.

I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee or Custodian of either the distributing or receiving plans liable for any adverse consequences that may result.

I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

Individual Signature: _____ Date: _____

Notary Public/Signature Guarantee: _____ Date: _____

ACCEPTING TRUSTEE OR CUSTODIAN

The plan designated by the above-named individual is a valid IRA, qualified retirement plan (as described in IRC Sec. 401(a)), a tax-sheltered plan (as described in IRC Sec. 403(b)), or deferred compensation plan as described in IRC Sec 457(b). The undersigned hereby agrees to serve as the Trustee, Custodian or Plan Administrator for the account of the above-named individual and, in that capacity, agrees to accept the direct rollover of the assets listed above.

Account Identification of Accepting IRA or Plan _____

QP Accepting Organization: _____

Address : _____ City : _____ State : _____ Zip : _____

