



IRA TO INDIVIDUAL 401K ACCOUNT

HORIZON TRUST COMPANY
6301 Indian School Rd NE Ste.200
Albuquerque, NM 87110

Phone: 888-205-6036
Fax: 505-288-3905
Operations@Horizontrust.com

- Normal Processing
- Express Transfer Service "Recommended" (\$50.00)

PARTICIPANT INFORMATION (Do not use this form for conversion to a ROTH IRA)

Company Name : _____ Phone : _____

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

Can this IRA Transfer request be faxed? Yes No If so: Fax Number: _____

Participant : _____ SSN : _____ Account Number : _____

DISTRIBUTION REASON

Directly transfer all or part of my present IRA with your organization in the manner indicated below.

1. Please make a check payable as follows:

Horizon Trust Company fbo _____, as the Custodian.
Name of Participant

2. Please check one of the following transfer instructions:

- This will be a complete transfer
- (Liquidate all assets and transfer cash balance Transfer all assets in-kind and entire cash balance.)
- This will be a partial transfer. Transfer the assets and cash in the manner prescribed below. I am aware that penalties may be incurred if time deposits are liquidated prior to their maturity date. Cash balance to be transferred \$ _____

Asset Description	Quantity to be Transferred	Liquidate Immediately	Transfer In Kind
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

3. Delivery Instructions - Mail check to:

Horizon Trust
6301 Indian School Rd. NE Ste.200
Albuquerque, New Mexico 87110

4. Type of IRA being transferred:

- Traditional IRA to Individual k
- SEP IRA to Individual k
- Other _____

Horizon Trust Company has a 5-business day hold policy for all incoming checks before funds will be cleared for Account Holder's use.

Account Holder Initials

AGE 70½ REMINDER

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70½, the required minimum amount determined under this Individual 401k is still required to be distributed.

I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another Individual 401k prior to the deadline for receiving minimum distributions for the calendar year of the transfer.

If this transfer leaves the transferor Individual 401k in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

LIMITED POWER OF ATTORNEY

I, the undersigned, do hereby grant a limited power of attorney to Horizon Trust Company, LLC and its agents to request information regarding my account and the status of this transfer or rollover from the custodian listed above. The power of attorney shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the transfer or rollover of the assets and/or cash balance listed in the Funding Instructions section of this form.

SIGNATURES

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 transfer or conversion decision. The custodian agrees to accept these funds as a transfer or conversion.

Signature of IRA Account Holder : _____ Date : _____



Please check with your current custodian to determine whether they will require a Notary Stamp or a Medallion Signature Guarantee Stamp to transfer or rollover your account. A signature guarantee can be obtained from your bank. If your current custodian does not require a notary or signature guarantee, please sign above and return this form to Horizon Trust Company, LLC.

Notary or Medallion Signature Guarantee Stamp

Acknowledgement of Acceptance: The authorized signature certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send funds with a copy of this form to Horizon Trust Company. Our organization agrees to serve as the new Custodian for the IRA account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

Signature of Custodian : _____ Date : _____

Notary or Medallion Signature Guarantee Stamp