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📍 P.O. Box 52417, Phoenix, AZ 85072-2417

Processing Options: (If no option selected, "Normal Processing" will apply.)

- Normal Processing (Within 3 Business Days)
 Express Processing (Within 24 hours - \$50.00; Recommended)

PART 1. PARTICIPANT INFORMATION

Type of IRA Rollover:

- Traditional IRA to Individual 401(k) SEP IRA to Individual 401(k) Other:

Resigning Custodian Name: Phone:

Address: City: State: Zip:

Participant Name: Social Security Number: (###-##-####) Account #:

Can this IRA Rollover Request be faxed? No Yes, fax to:

PART 2. DISTRIBUTION REASON

I hereby direct the resigning custodian listed above to execute the following rollover option(s) indicated below.

Option A: Complete Rollover

Liquidate all assets and rollover cash balance Est. Cash Amount:

Rollover all assets in-kind and entire cash balance Est. Cash Amount:

Option B: Partial Rollover

Cash balance to rollover Amount:

Rollover the following Asset(s):

Asset Description:	Quantity to Rollover:	Liquidate Immediately	Rollover 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. DELIVERY INSTRUCTIONS

Option A. Mail Check to:

Horizon Trust Company
Contribution Lockbox #452209
P.O. Box 52209
Phoenix, AZ 85072-2209

Checks should be titled:
Horizon Trust FBO Client Name & Account Number

Option B. Wire Funds to: *(\$35 Incoming wire fee may apply)*

Enterprise Bank & Trust
San Diego, CA 92128

Acct # 035000602
Routing # 081006162

FFC: Client Name & Account Number

PART 4. AGE 72 REMINDER

I understand that if this rollover is occurring during or after the calendar year during which I attain the age of 72, the required minimum amount determined under this account is still required to be distributed. I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the rollover. I accept full responsibility for satisfying the required minimum distribution ("RMD") applicable to this IRA by withdrawing sufficient amounts from another account prior to the deadline for RMDs for the calendar year of the rollover. If this rollover leaves the transferor account in one year but does not reach the transferee account until the following year, I understand that this will be an "outstanding rollover" as of December 31st. The new IRA must "deem" that the rollover was received as of the prior December 31st for determining any RMD from the transferee IRA for the year that the rollover was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding rollover.

PART 5. 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 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 rollover of the assets and/or cash balance listed in the Funding Instructions section of this form.

PART 6. 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 rollover or conversion decision. The custodian agrees to accept these funds as a rollover or conversion.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*



Please check with your current custodian to determine whether they will require a Notary Stamp or a Medallion Signature Guarantee Stamp to 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

ACKNOWLEDGMENT OF ACCEPTANCE

The authorized signature certifies acceptance of the assignment and surrender or rollover 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 rolled over.

Signature of Custodian:

Date: *(MM/DD/YYYY)*