AMERICAN IRA
Self-Directed IRAs and 401Ks

Rollover Form

This form documents the rollover of your assets to American IRA, LLC WILL NOT initiate the roll over. Contact your current custodian and/or administrator to roll over your assets to American IRA, LLC for multiple transactions, please use a separate form for each.

Mailing Address
American IRA, LLC
137 Broad Street
Asheville, NC 28801

Phone
(828) 257-4949

Fax
(828) 257-4948

Website
www.AmericanIRA.com

1. ACCOUNT INFORMATION

Your Name:	American IRA Account Number:
Email Address:	Phone Number:
Your SSN:	Birthdate:

2. TRANSFER INFORMATION

Where are these assets currently held?

Name of Custodian/Trustee:		Account Number:	
Custodian/Trustee Address:	City:	State:	Zip:
Contact Name:	Phone Number:	Fax Number:	◯ I have attached a copy of my current statement

3. ACCOUNT TYPES

I am transferring funds **from:**

◯ Traditional IRA ◯ Roth IRA ◯ SEP IRA ◯ SIMPLE IRA ◯ Beneficiary IRA ◯ HSA ◯ Coverdell Savings Account ◯ 401K

I am transferring funds **to:**

◯ Traditional IRA ◯ Roth IRA ◯ SEP IRA ◯ SIMPLE IRA ◯ Beneficiary IRA ◯ HSA ◯ Coverdell Savings Account ◯ 401K

I am eligible to preform this transaction: (select one)

◯ IRA Holder ◯ Spouse beneficiary of Account ◯ Non-Spouse beneficiary of Account
◯ Ex-Spouse of account due to divorce/legal separation

TYPE OF ASSET TO BE TRANSFERRED

Important: If you need to liquidate investments, please contact the resigning Custodian and/or Administrator and inquire about their liquidation/transfer process prior to submitting this completed form. American IRA, LLC is not authorized to liquidate assets or investments with the resigning Custodian and/or Administrator.

Please Check One: ◯ Complete Transfer ◯ Partial Transfer

Asset Description:	Amount:

Rollover from another IRA or another SIMPLE IRA

I certify that the following statements are true and correct.

1. or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time homebuyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer.)
3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA.

Date Employee First Participated in original SIMPLE IRA:

Rollover/Direct Rollover from an Employer Plan

I certify that the following statements are true and correct.

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Administrator, Custodian or Trustee of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy(ies) or over a period of 10 years or more.
3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
6. I certify that this Rollover/Direct Rollover does not contain a Designated Roth Contribution Account.

Additional information for rollovers beginning at age 70 ½

I received the distribution form the other plan on .

This distribution: ◯ Is an outstanding rollover as of the prior December 31st.

◯ Is not an outstanding rollover as of the prior December 31st.

I certify that this rollover does not include any required minimum from the distribution plan, or I certifiy that I have already satisfied my required minimum for the IRA being rolled over from another IRA.

I hereby agree to the terms and conditions set forth in this rollover form and acknowledge having established a Self-Directed Account through execution of the (Type of Account) Account Application. I understand the rules and conditions applicable to a (circle one) ◯ **Rollover** ◯ **Direct Rollover**. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorizes such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at American IRA, LLC IRA or any of its licensees has authority to agree to anything different than my foregoing understandings of American IRA, LLC policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of $ as a rollover contribution.
By signing this form, I certify that I am completing this rollover within:

A. ***60 calendar days following the day I received the assets, I have not performed a rollover from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution***

B. ***If I am a non-spouse beneficiary, this is a direct roll over from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.***

Account Holder's Signature: **Date:**