TRADITIONAL & SIMPLE IRA

TRANSFER REQUEST

The term IRA will be used below to mean Traditional IRA, unless otherwise specified.

PART 1. RECIPIENT

Individual requesting the transfer

Name First _____

Name Middle _____

Name Last _____

Address Line 1 _____

Address Line 2 _____

City/State/Zip _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

PART 2. ACCEPTING IRA CUSTODIAN

Name Argent Institutional Trust Company

Address Line 1 Operations Center

Address Line 2 5901 Peachtree Dunwoody Road, Suite C-495

City/State/ZIP Atlanta, GA 30328

Phone 800-241-5568

DTC/ACAT Participant # _____

ACCEPTING ACCOUNT TYPE *(Select one)*

☐ Traditional IRA ☐ Inherited Traditional IRA

STATEMENT REQUIRED – Please attach copy of most recent statement from your current custodian.

PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT IRA OWNER

RELATIONSHIP TYPE *(Select one)*

☐ I am the current IRA owner.

☐ I am the former spouse of the current IRA owner.

☐ I am the spouse beneficiary of the original IRA owner transferring assets to my own IRA.

☐ I am the beneficiary of the original IRA owner transferring assets to an inherited IRA.

PART 4. CURRENT IRA OWNER

Name *(First/MI/Last)* _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE *(Select one)*

☐ Traditional IRA ☐ SIMPLE IRA

☐ Inherited Traditional IRA ☐ Inherited SIMPLE IRA

PART 5. CURRENT IRA CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 6. REQUIRED MINIMUM DISTRIBUTION (RMD) OR LIFE EXPECTANCY PAYMENT INSTRUCTIONS

To be completed if the recipient is the current IRA owner and is required to take an RMD this year or is a beneficiary receiving life expectancy payments

IF YOU HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR THIS YEAR, COMPLETE THE FOLLOWING. *(Select one)*

☐ Distribute my RMD or life expectancy payment to me before transferring my IRA assets.

☐ Retain my RMD or life expectancy payment amount. I understand that I am responsible for satisfying my RMD or life expectancy payment.

☐ Include the amount that represents my RMD or life expectancy payment in the transfer. I understand that I am responsible for satisfying my RMD or life expectancy payment.

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)*

☐ **One-Time Transfer**

Transfer Amount _____ Transfer Date _____

☐ Entire IRA Balance ☐ This Transfer Will Close the Current IRA

☐ **Recurring Transfer**

Transfer Amount _____ Transfer Start Date _____

Frequency *(Select one)* ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

MAKE PAYABLE TO *(If the accepting account type is an inherited IRA, the Name of Recipient must identify both the recipient and the original IRA owner.)*

Argent Institutional Trust Company as Custodian of

Name of Accepting IRA Custodian

_____ IRA

Name of Recipient

ASSET HANDLING *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Transferred	Liquidate Immediately	Transfer at Maturity	Transfer in Kind
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐

PART 8. SIGNATURES

I authorize the transfer of these IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any consequences that may result from this transfer and I agree that the custodian is not responsible for any consequences that may arise from executing this transfer request.

Argent Institutional Trust Company by signing below agrees to accept the assets being transferred.

X_____ _____

Signature of Recipient — Date *(mm/dd/yyyy)*

X_____ _____

Notary Public/Signature Guarantee *(If required by the custodian)* — Date *(mm/dd/yyyy)*

X_____ _____

Authorized Signature of Accepting Custodian — Date *(mm/dd/yyyy)*