



Use this form to transfer funds directly from your existing IRA to your IRA at Equity Trust Company.

***Please include a copy of a recent statement from your current custodian.**

1 PERSONAL INFORMATION

NAME ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____	SOCIAL SECURITY NUMBER
LEGAL ADDRESS	CITY, STATE, ZIP
PHONE	EQUITY TRUST IRA ACCOUNT NUMBER

2 CURRENT IRA CUSTODIAN

NAME OF CUSTODIAN/TRUSTEE	ACCOUNT NUMBER
CONTACT NAME (optional)	CONTACT PHONE NUMBER
TYPE OF ACCOUNT ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ Inherited - Traditional ☐ Inherited - Roth ☐ HSA ☐ ESA	

3 TRANSFER DETAILS (Administrative fees may impact the transfer amount received)

☐ Option One: Cash Transfer ☐ Full - Transfer All Available Cash ☐ Partial - Send Only \$ _____ (Please include \$250 minimum balance requirement plus suggested 3 years fees)	Wire To: Bank Name: Centennial Bank ABA: 082902757 Credit Name: Equity Trust Company Credit Account: 1030311 Further Credit: Client Name, Equity Acct #
If your custodian does not accept electronic copies, how would you like this form sent? ☐ Mail (No Charge - Default) ☐ Overnight (\$50 Fee)	

4 SIGNATURE AND ACKNOWLEDGEMENT

1. I hereby agree to the terms and conditions set forth in this Cash Only Transfer Form and acknowledge having established a self directed account through execution of the account application.

2. I understand the rules and conditions applicable to an Account Transfer.

3. I qualify for the account transfer of cash listed in the Transfer Details above and authorize such transactions.

Your Signature: _____

Date: _____

For processing, securely upload to: www.TrustETC.com/secure-upload

OFFICIAL USE ONLY BELOW THIS LINE

ACCEPTANCE OF RECEIVING CUSTODIAN

Equity Trust Company accepts appointment as successor custodian/trustee for the assets identified on this form. Equity Trust ASSUMES NO FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER THE FUNDS AND ACTS ONLY AS A CUSTODIAN OF THE ACCOUNT.

TYPE OF ACCOUNT
☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ INHERITED - TRADITIONAL ☐ INHERITED - ROTH ☐ HSA ☐ ESA

By: _____ **Date:** _____ **Account #** _____