

**1. Customer Information** (Required: Complete all sections in blue or black ink. For a Coverdell Education Savings Account (CESA) use the Contributor's information.)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Country \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_

Country \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country of Residency \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Citizenship Status:  U.S.  Resident Alien  Non-Resident Alien  Dual Citizenship Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Source of Income:  Employment  Unemployment  Investment  Inheritance  Household/Family  Retirement  Social Security

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

**Required:** Have you or any of your immediate family ever been elected, appointed or assumed any political position in a National, State or Provincial government?

Check one:  Yes  No If yes, describe the position: \_\_\_\_\_

**2. Existing Institution Information** (Use a separate Form for each request.)

Name of Institution/Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**IRA Plan (check one) - Complete Sections 3, 5, and 6**

Traditional  Roth  Rollover  SEP

Account Number \_\_\_\_\_

For Beneficiary IRAs, complete the following required information

Traditional Beneficiary  Roth Beneficiary

Decedent Name \_\_\_\_\_

Decedent Date of Birth \_\_\_\_\_ Year of Death \_\_\_\_\_

Beneficiary \_\_\_\_\_

**Coverdell Education Savings Account - Complete Sections 3, 5, and 6**

Account Number \_\_\_\_\_ Student's Name \_\_\_\_\_

Student's SSN \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

**Qualified Retirement Plan - Complete Sections 4, 5, and 6**

Indicate Plan Type (e.g. pension, profit sharing, 401k, Roth 401k) \_\_\_\_\_

Account Number \_\_\_\_\_

**3. Transfer Instructions to Bank of America, as Successor Custodian** (Check all that apply)

**Bank IRA or CESA:**

For a transfer from a Bank IRA or CESA, I request you to liquidate the above referenced IRA or CESA and transfer the cash as follows:

Check One:  all assets or  partial assets in the amount of \$ \_\_\_\_\_

Check One:  immediately or  upon maturity

**Brokerage IRA: Brokerage account assets cannot be transferred in kind. Assets must be liquidated at current firm prior to submitting this form. Medallion Signature Guarantee stamp is also required for transfer under section 6.**

For a transfer from a Brokerage IRA, I request you to transfer the following:

Check One:  all available cash or  partial cash amount of \$ \_\_\_\_\_

**4. Direct Rollover Instructions to Bank of America, as Successor Custodian**

Ask your current Plan Administrator whether any additional documentation will be required to complete the transfer. You will be responsible for any early withdrawal fees or transfer fees charged by your current Plan.

**Direct Rollover from a Qualified Plan:**

I request you to liquidate all assets in my above referenced Qualified Retirement Plan, and process a direct rollover. Please follow these special instructions, if any:

For questions on processing direct rollovers contact Bank of America at 1.888.827.1812.



**5. Bank of America Plan/Account** (If you do not make a selection, funds received will be credited to the Money Market IRA/CESA.)

I hereby direct Bank of America, N.A., as Successor Custodian, to deposit the funds referenced on this form to my

**Type of Plan:**  Traditional  Roth  Rollover  SEP  CESA  Traditional Beneficiary  Roth Beneficiary

**IRA/CESA Plan Number** \_\_\_\_\_

Deposit in **Existing** Account Number \_\_\_\_\_

Deposit in a **New** Account under the following product type:

**Money Market IRA/CESA** (no term)

\_\_\_\_\_ Month-Variable Rate Account (18-23 months)  
Term

\_\_\_\_\_ Month-Fixed Term Account (6-120 months) Interest Rate Annual Percentage Yield  
Term

Risk Free  Featured/Promotional \_\_\_\_\_ % \_\_\_\_\_ %

**6. Customer's Acceptance** (read and complete)

- A. I have received, read and agree to the terms and conditions of the disclosure contained in the deposit agreement, fee schedule and plan document. I have read the instructions on this form and authorize the transaction described above. I am solely responsible for making sure that any contributions, transfers, conversions or rollovers to this IRA plan are permitted under the rules of the plan and the applicable tax laws, and take full responsibility for any resulting effects, taxes or damages.
- B. I understand if I transfer/roll over funds from a Qualified Plan and commingle them with other IRA funds, I might not be able to roll the funds over to another Qualified Plan later. Due to the important tax consequences of rolling over funds to an IRA or other qualified plan, I have been advised to seek the advice of a tax professional.
- C. If this is a direct rollover from a Qualified Plan directly to Bank of America, I authorize the employer to handle it according to the instructions on this form. I understand I am responsible for ensuring that Bank of America has received the forms needed to complete a direct rollover to open my Bank of America IRA. Bank of America may cancel my IRA if the direct rollover isn't received within 90 days and there are no funds in the account.
- D. If this is a custodian/trustee transfer, I authorize the existing custodian/trustee to handle it according to the instructions on this form. I understand this transaction is a transfer to a new custodian and not a taxable distribution to me. I also understand that if I'm 70½ or older, I am required to take my required minimum distribution, however, I do not have to take this year's required minimum distribution before the existing custodian/trustee can transfer the remaining funds to Bank of America.

**For Bank Use: Medallion Signature Guarantee stamp (Only applicable for securities such as stocks, bonds or mutual funds or brokerage account)**

\_\_\_\_\_  
**Customer's Signature** (Required) **Date**

**BROKERAGE:** In the case of a transfer from a brokerage account, the transferring firm may require signature authorization including but not limited to, signature guarantee, medallion guarantee or some other form of necessary stamp. These guarantees help protect against fraud. Most banks and brokerage firms can provide one. Please contact the transferring firm for clarification.

**For Bank Use only:**

Identification Type: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Identification Issued By: \_\_\_\_\_ Identification Issue Date / Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Delivery Instructions to Bank of America**

**Make checks payable to:** Bank of America, N.A. for the benefit of \_\_\_\_\_  
(the name of the IRA/CESA owner)

<b>Mail to:</b>	<b>Regular Mail:</b>	Bank of America, N.A.	<b>Overnight Mail:</b>	Bank of America, N.A.
		TX2-979-02-14		TX2-979-02-14
		P.O. Box 619040		4500 Amon Carter Blvd
		Dallas, TX 75261-9943		Fort Worth, TX 76155

**Bank Information – For Internal Use Only (must be completed - required information)**

Date \_\_\_\_\_ Financial Center Name \_\_\_\_\_

Employee's Name \_\_\_\_\_ Employee's Phone Number \_\_\_\_\_

Bank of America will accept the transfer authorized on this form.

\_\_\_\_\_  
(Required: Bank Representative Signature Here\*)

\*By signing the Authorized Signature, this confirms that the identity of the customer has been verified and Bank of America will accept funds as successor custodian.

