Trustee Transfer/Direct Rollover Request Form

I. Customer Information (Required: Con	mplete all sections in blue or black ink	x. For Coverdell ESAs use the Student's name.)				
Name		Social Security Number				
Mailing Address						
		Country				
City						
Physical Address						
City						
		Country of Citizenship				
Citizenship Status: U.S. Resident						
		Occupation				
		☐ Inheritance ☐ Household/Family ☐ Retirement ☐ Social Security				
		Evening Telephone Number				
		med any political position in a National, State or Provincial government? (Y/N)				
If yes, describe the position:						
II. Existing Institution Information (Us	• • • · ·					
Name of Institution/Employer						
Mailing Address						
City		State Zip Code				
III. Transfer Instructions to Existing T	rustee/Custodian/Employer					
Existing Account Number for IRA, Cover	rdell ESA or Qualified Retirement Pla	n				
	-	(k) plan)				
		ducation Savings Account with Bank of America, N.A. as Custodian.				
Traditional IRA SEP IRA		Beneficiary IRA (check one)				
Accordingly, for a transfer from a Ban						
		lichte and hannefender and to Dark of America an announce Contadion				
Liquidate all assets in my above ref	erenced IRA or Coverdell ESA immed	liately and transfer the cash to Bank of America, as successor Custodian.				
Liquidate partial assets in my above Bank of America, as successor Cust		\$ immediately and transfer the cash to				
Liquidate partial assets in my above referenced account in the amount of \$upon maturity and transfer the cash to Bank of America, as successor Custodian.						
Liquidate all assets in my above referenced IRA or Coverdell ESA upon maturity and transfer the cash to Bank of America, as successor Custodian.						
For a transfer from a Brokerage IRA I	-					
	ove referenced account or a partial am todian. (Medallion Signature Guarante					
	_	ssets must be liquidated at current firm prior to submitting this form.				
For a Rollover from a Qualified Plan I						
Liquidate all assets in my above reference Please follow these special instruction		d effect a direct rollover of the cash to Bank of America, as successor Custodian*.				
Make checks payable to: Bank of Amer	rica. N.A. for Benefit of	's IRA or CESA.				
	k of America, N.A. Overnight Ma 2-979-02-14	ail: Bank of America, N.A. TX2-979-02-14				
P.O.	Box 619040 as, TX 75261-9943	4500 Amon Carter Blvd Fort Worth, TX 76155				

NOTE: Information from Existing Trustee/Custodian/Employer, Explanation of IRA Types and Coverdell Education Savings Accounts, Investment Option Selection, Acceptance of Transfer, and Depositor's Acceptance and Signature Required.

* Ask your 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. Page 1 of 2

00-14-9031MW 11-2014



IV. Information from Existing Trus	stee/Custodian/Employer		
Please advise us of the Source of Fun	ds: (check one)		
From Financial Institution	· · ·		
Traditional IRA	Rollover IRA 🗌 SEP IRA	A 🗌 Roth IRA 🗌 CESA	Beneficiary IRA (complete the following)
			Decedent Date of Birth Year of Death
			Beneficiary Relationship
From Qualified Retirement	t Plan (e.g., pension plan, p	rofit sharing plan, 401(k) plan)	
V. Deposit Option Selection (If you	do not make a selection, fur	nds received will be credited to	the Money Market IRA/CESA.)
I hereby direct Bank of America , N.A	A., as Successor Custodian,	to deposit the funds referenced	on this form to my
•			
IRA/CESA Plan Number		and:	
Deposit in Existing Account Nu	mber		Type of Plan
Deposit in a New Account under	the following product type		
Money Market IRA/C			
		Ionth-Variable Rate Account (1	8-23 months)
Term	promotional/standard		
	N	Ionth-Fixed Term Account (6-1	20 months)
Term	promotional/standard	(° 1	
VI. Customer's Acceptance (read an	nd complete)		
A. I have received, read and agree	to the terms and conditions	of the disclosure contained in th	ne deposit agreement, fee schedule and plan document.
I have read the instructions on the			
applicable tax laws, and take ful			llovers to this IRA plan are permitted under the rules of the plan and the
T 1 (1°CT) C (11			ther IRA funds, I might not be able to roll the funds over to another
			A or other qualified plan, I have been advised to seek the advice of a tax
professional.			
			e employer to handle it according to the instructions on this form. I ded to complete a direct rollover to open my Bank of America IRA.
			Id there are no funds in the account.
			ccording to the instructions on this form. I understand this transaction is
			i'm 70½ or older, I am required to take my required minimum re 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)
Depositor's Signature (Required)	Da	ate	
BROKERAGE: In the case of a transf	er from a brokerage account	t, the transferring firm may	
require signature authorization includi			
guarantee or some other form of neces Most banks and brokerage firms can p			
clarification.	Tovide one. T lease contact t	ne transferring min for	
Identification Type:	Identification Number:		
	Identification Issue Date / Expiration Date:		
Bank Information (must be compl			
Date	cicu - requireu mormano	····)	
Banking Center Name			
Associate's Name			
Associate's Phone Number			
Bank of America will accept the trans	ster 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. 00-14-9031MW 11-2014 Page 2 of 2