

Trustee Transfer/Direct Rollover Request

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 _____

Have you or any of your immediate family ever been elected, appointed or assumed any political position in a National, State or Provincial government? (Y/N) _____

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) - Ego rirg'lgewlpu'5.'7'lpf'8

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 Relationship _____

Coverdell Education Savings Account - Ego rirg'lgewlpu'5.'7'lpf'8

Account Number _____ Student's Name _____

Student's SSN _____ Student's Date of Birth _____

Qualified Retirement Plan - Ego rirg'lgewlpu'6.'7'lpf'8

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 the Retirement Help Desk 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 / rollover 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.
- E. The interest rate and annual percentage yield quoted are valid for 30 days from the date signed below. If the funds are received after 30 days, the rate assigned will be the current rate at that time for the product.

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) 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)

Mail to: Regular Mail: Bank of America, N.A.
TX2-979-02-14
P.O. Box 619040
Dallas, TX 75261-9943

Overnight Mail: Bank of America, N.A.
TX2-979-02-14
4500 Amon Carter Blvd
Fort Worth, TX 76155

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

Date _____ Banking Center Name _____

Associate's Name _____ Associate'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.