

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME		ACCOUNT # ASSIGNED BY EQUITY TRUST
SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE NUMBER
EMAIL ADDRESS		

If you have not previously established an account with **Equity Trust Company** to receive your transfer, you must include an account application with this form.

2 WHERE ARE FUNDS CURRENTLY HELD?

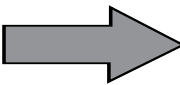
NAME OF PRESENT TRUSTEE or CUSTODIAN	ACCOUNT NUMBER	ESTIMATED TRANSFER VALUE \$	
STREET ADDRESS*	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (please include area code)	FAX*		

* Contact your previous Trustee/Custodian to confirm the address where transfer paperwork should be sent and/or if faxed copies are acceptable.

COPY OF MOST RECENT STATEMENT IS REQUIRED FROM ACCOUNT BEING TRANSFERRED

3 ACCOUNT COMPATIBILITY

If you aren't sure if your accounts will be compatible, please visit our website at www.EquityInstitutional.com for assistance.

<p>Account Type Being Transferred:</p> <input type="checkbox"/> Traditional <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth <input type="checkbox"/> Qualified Plan <input type="checkbox"/> SEP <input type="checkbox"/> Qualified Plan - Roth		<p>To Equity Trust Company Account Type:</p> <input type="checkbox"/> Traditional <input type="checkbox"/> SEP <input type="checkbox"/> Roth <input type="checkbox"/> SIMPLE
<input type="checkbox"/> Check here if this is an inherited IRA		<input type="checkbox"/> Check here if this is an inherited IRA

4 PROCESSING PREFERENCE (Choose how you would like this form processed and sent to your current Trustee/Custodian.)

<input type="checkbox"/> EXPRESS TRANSFER SERVICE* (\$50.00) <i>(Overnight service to current custodian at no additional cost)</i> Express Transfer Service: <i>(recommended if you already have an investment in mind):</i> <ul style="list-style-type: none"> We will review the transfer form the same day it is received at Equity Trust Company. Wire fee waived if receiving funds by wire. Frequent follow-up calls will be placed to your current Trustee/Custodian to check on transfer status As we receive updates you will be contacted immediately if needed <p>*Although the feature does not guarantee same day service, it does guarantee that your request will be processed before other non-expedited requests. Fee applies to processing within Equity Trust Company's control.</p>	<input type="checkbox"/> NORMAL PROCESSING SERVICE (NO CHARGE) <input type="checkbox"/> OVERNIGHT MAIL SERVICE <ul style="list-style-type: none"> Your transfer forms and statement will be sent overnight to your previous Trustee/Custodian. Physical address must be provided, cannot overnight to P.O. Box <input type="checkbox"/> USE ATTACHED Pre-Addressed Airbill <input type="checkbox"/> SEND OVERNIGHT VIA 3RD PARTY BILLING <input type="checkbox"/> FedEx <input type="checkbox"/> UPS
	Account # <input style="width: 150px;" type="text"/> Zip Code <input style="width: 150px;" type="text"/>

NOTE: Funds must be available for processing fees.

5 TRANSFER INSTRUCTIONS FOR CURRENT TRUSTEE/CUSTODIAN

- The term "liquidate all assets and transfer proceeds" will result in all marketable securities to be sold and cash proceeds will be forwarded.
- The term "in-kind" refers to the re-registration of a stock, mutual fund, etc. from the prior Trustee/Custodian's name to Equity Trust Company.
- If only a partial transfer of certain asset(s) is desired, please list all assets to be liquidated or transferred in-kind in the spaces provided as well as mark the appropriate box. A copy of a recent statement (dated within 6 months) from your current Trustee/Custodian is required.

Type of Transfer: <i>(Check One)</i>	<input type="checkbox"/> Full Transfer <i>Liquidate*</i> all assets and transfer as cash	<input type="checkbox"/> Full Transfer Transfer all assets <i>in-kind</i>	<input type="checkbox"/> Partial Transfer (As instructed below)
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PARTIAL TRANSFER ONLY
 List CASH Amount Being Transferred.....\$ _____

LIST NON-TRADITIONAL ASSETS BELOW <i>(Please provide a brief description)</i>	QUANTITY <i>(All, # of Shares, or Value)</i>	INSTRUCTIONS <i>(Please check one box per asset)</i>
1.		<input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind
2.		<input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind
3.		<input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind

***For all liquidation requests, contact your current Trustee/Custodian to initiate the liquidation process.**

6 INSTRUCTIONS FOR DELIVERY *(Choose how you want your current Trustee/Custodian to deliver your assets to Equity Trust Company.)*

Funds available immediately upon receipt <input type="checkbox"/> Incoming Wire Transfer <i>(Included in Express Transfer Service)</i> <input type="checkbox"/> Cashier's Check	Funds may not be available for up to 5 business days after receipt. <input type="checkbox"/> Regular Check
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Please send Check/Re-registration as follows (check one):

<input type="checkbox"/> First Class Mail <input type="checkbox"/> Overnight delivery* and charge my account the \$25.00 overnight fee <small>*Physical address must be provided, cannot overnight to P.O. Box</small>	<input type="checkbox"/> Send Overnight via 3 RD Party Billing: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Zip Code <input style="width: 100px;" type="text"/> Account # <input style="width: 150px;" type="text"/>
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7 PAYMENT INFORMATION

How would you like to pay for any service-related fees associated with this transaction?

Choose a payment method: Deduct Fees from Account Check Enclosed Credit Card on file

Note: By checking *Credit Card on file*, you authorize Equity Trust Company to charge this card for all service-related fees associated with this transaction (if applicable). To add, change, or update a credit card, please complete and submit the Credit Card Form.

8 SIGNATURES FOR SELF-DIRECTED IRAS

- **A notary public CANNOT provide a Medallion Signature Guarantee.**
- **A signature guarantee can be obtained from your bank.**
- **If your current Custodian does not require a Medallion Signature Guarantee, you can simply sign and date this form.**

I certify that I have established or will establish a Self-Directed IRA with the Custodian named below. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers and I agree to indemnify and to hold the Custodian harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian cannot provide legal advice and I agree to consult with my own tax professional for advice.

Signature of IRA Holder _____ Date _____

Authorized Officer to Place "Medallion Signature Guarantee" Stamp Here

LETTER OF ACCEPTANCE - FOR OFFICE USE ONLY

Equity Trust Company accepts the appointment as successor Custodian on behalf of the depositor and requests the transfer and/or liquidation of assets as instructed above.

Authorized Signature, Equity Trust Company: _____ Date: ____/____/____