ROTH CONVERSION FORM



Complete this form to authorize the conversion of all or part of your existing iPlanGroup IRA to your iPlanGroup Roth IRA.

1. ACCOUNT OWN	ER INFORMATION		
Account Owner Name:		Date of Birth:	
		M M D D Y Y	
Social Security Number:		Phone Number:	
2. INDICATE THE TY	PE OF ACCOUNT YOU ARE CONVERTING	NG	
Traditional IRA		SEP IRA	SIMPLE IRA*
*SIMPLE accounts held for	less than two years cannot be converted.		
3. CONVERSION IN	STRUCTIONS		
Account Number you wou	ld like to convert to a Roth IRA	Account Number of your iPlanGroup Rotl	h IRA
completed iPlanGroup Rot If no selection is made belo Convert all my iPlanG Convert all my iPlanG Convert only a portion	Group Roth IRA, you can establish one at www.iplan th IRA Application to this form. Tow, iPlanGroup will convert all the IRA assets in the reserving assets and close the converted account Toroup assets and keep the converted account open* To of my iPlanGroup account as described below. A Face the converted open, you will continue to have annothing the serving account the converted open.	eferenced account(s). <i>Please attach a separa</i> t sir Market Vaulation (FMV) Form must be com	te sheet if needed.
Entire Asset	Description of Asset	Dollar Amount	Number of Shares/Units
4. FEDERAL TAX W	THHOLDING		
I elect NOT to h	nave federal taxes withheld		
be revoking any previous w income tax withholding is a withholding requirement. Withdrawal(s). You may in estimated tax payments ar request only. Any amounts	federal withholding apply by checking the box above withholding election on any previous distribution. If y applied to your conversion, state income tax will also you are responsible for the full payment of federal in cur IRS penalties if you are under age 591/2. You may e not adequate, or if certain other requirements are withheld and not replaced into your iPlanGroup Rotalty if you are under age 591/2. If you are under age	our state of residence is CA, DE, IA, KS, MA, M apply. State tax withholding will be based on come tax, any state or local taxes, and any pe y be responsible for payment of estimated tax not met. The tax withholding election you ma h IRA within 60 days will be considered a disti	IE, NC, OK, OR, or VT and federal your state's minimum enalties that may apply to your see and you may incur penalties if see will apply to this conversion ribution and may be subject to a

You are responsible for maintaining records of your Roth IRA conversions, recharacterizations, and annual contributions in order to properly complete your federal tax forms.

distributed from your IRA and not converted to a Roth IRA within 60 days.

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5. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

I authorize and request iPlanGroup as Administrator of my Account, specified above in Section 3 (or its agents or successors) to make the above requested distribution from my iPlanGroup IRA and conversion contribution to my iPlanGroup Roth IRA. I hereby agree to indemnify iPlanGroup (its agents, affiliates, successors, and employees) from any and all liability in the event I fail to meet any of the IRS requirements. I understand that I may be subject to income taxes on the amount converted from my iPlanGroup IRA to an iPlanGroup Roth IRA to the extent that the converted amount is includable in my income (i.e., any taxdeductible contributions, pretax contributions, and any earnings). If I am over age 70%, I attest that I have satisfied (or will satisfy) the IRS minimum distribution requirements for the current year, before the conversion, pursuant to Section 401(a)(9) of the Internal Revenue Code with respect to my iPlanGroup IRA.

Account Owner Authorization and Signature				
X	Print Name:	Date:		

FORM SUBMISSION OPTIONS

By Fax:

440-815-2214

By Email:

Info@iplangroup.com

By Regular Mail/Overnight Delivery:

IRA Plan Partners, LLC DBA iPlanGroup ATTN: Account Maintenance 28011 Clemens Road Westlake, OH 44145