

# ACCOUNT TRANSFER REQUEST FORM

Use this form to transfer some or all assets from another firm to iPlanGroup.



**Questions?** Our representatives are available to assist you at 855-604-7526.

## 1. ACCOUNT OWNER INFORMATION

|                                |                                 |                           |                        |          |  |
|--------------------------------|---------------------------------|---------------------------|------------------------|----------|--|
| Account Owner Name             |                                 | iPlanGroup Account Number |                        |          |  |
| Preferred Daytime Phone Number | Preferred Daytime Email Address |                           | Social Security Number |          |  |
| Legal Address                  |                                 | City                      | State                  | Zip Code |  |

\*All email sent to or from the iPlanGroup corporate email system may be retained, monitored and/or reviewed by iPlanGroup personnel.

### iPLANGROUP ACCOUNT TYPE

- Traditional IRA     Roth IRA     Rollover IRA     Inherited IRA     Health Savings Account  
 SIMPLE IRA     SEP IRA     Individual 401(k)     Inherited Roth IRA     Coverdell Educational Savings Account

## 2. INFORMATION ABOUT WHERE YOUR ACCOUNT IS CURRENTLY HELD

|                                     |              |                |
|-------------------------------------|--------------|----------------|
| Firm Name                           |              | Account Number |
| Contact Person Name (if applicable) | Phone Number | Email Address  |

### ACCOUNT TYPE AT CURRENT CUSTODIAN

- Traditional IRA     Roth IRA     Rollover IRA     Inherited IRA     Health Savings Account  
 SIMPLE IRA     SEP IRA     Individual 401(k)     Inherited Roth IRA     Coverdell Educational Savings Account

## 3. TRANSFER FORM DELIVERY INSTRUCTIONS

Will your current custodian accept a copy of your Account Transfer Request Form, or will they require the original form be mailed?

- Requires the original form via mail     Will accept a copy

Please indicate how iPlanGroup should deliver the transfer form to your current custodian by choosing from the following delivery options:

- Send by Mail:  
 Regular Mail     Outside UPS Account # \_\_\_\_\_  
 Overnight Mail (\$20 Processing Fee + Cost)     Outside FedEx Account # \_\_\_\_\_

|         |           |                              |       |          |
|---------|-----------|------------------------------|-------|----------|
| Mail to | Attention | Information to be Referenced |       |          |
| Address |           | City                         | State | Zip Code |

- Send by Fax     Send by Email

|               |                |                              |
|---------------|----------------|------------------------------|
| Fax Number    | Name/Attention | Information to be Referenced |
| Email Address | Name/Attention | Information to be Referenced |

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## 4. TRANSFER INSTRUCTIONS

This section is intended for you to indicate the details of your transfer request.

Please select one of the two main options below (either Complete Account Transfer or Partial Account Transfer) and complete the sub-categories beneath your selection in order to instruct your current custodian/administrator as to what you would like transferred to iPlanGroup.

PLEASE REMEMBER TO SEND IPLANGROUP A COPY OF YOUR MOST RECENT STATEMENT ALONG WITH THIS FORM. ADDITIONALLY, IPLANGROUP REQUIRES COPIES OF SUPPORTING DOCUMENTATION FOR ALL ASSET TRANSFERS.

### COMPLETE ACCOUNT TRANSFER (Account Termination)

Please select one of the following options:

- A.  Liquidate all assets and transfer all proceeds to iPlanGroup
- B.  Transfer all assets in-kind (as-is without liquidating or selling) along with any cash balance to iPlanGroup
- C.  Liquidate only the assets below and transfer the proceeds in cash, along with any remaining cash and assets (in-kind) to iPlanGroup

Please list assets below in which you would like liquidated prior to the transfer:

| Reference Number<br>(i.e.: Stock symbol, cusip, asset/<br>investment reference #, etc.) | Description of Asset<br>(i.e.: Asset name, type, description in your account, etc.) | Quantity<br>(Number of shares/units,<br>value to transfer or "all") |
|---|---|---|
| 1.  |   |   |
| 2.  |   |   |
| 3.  |   |   |
| 4.  |   |   |

### PARTIAL ACCOUNT TRANSFER (Maintain Existing Account)

Please complete all applicable options below to indicate the details of your partial transfer request:

#### CASH

Send \$ \_\_\_\_\_ in cash to IRA Plan Partners, LLC DBA iPlanGroup

#### ASSETS

Please list any assets (stocks, bonds, mutual funds, non-traditional assets etc.) in which you wish to have transferred, below. You may choose to have the asset(s) liquidated and transferred as cash, or transferred "in-kind" which means they will be transferred as-is, without liquidating or selling.

| Reference Number<br>(i.e.: Stock symbol, cusip, asset/<br>investment reference #, etc.) | Description of Asset<br>(i.e.: Asset name, type,<br>description in your account, etc.) | Quantity<br>(Number of shares/units,<br>value to transfer or "all") | Liquidate | In-Kind |
|---|--|---|-----------|---------|
| 1.  |  |   |           |         |
| 2.  |  |   |           |         |
| 3.  |  |   |           |         |
| 4.  |  |   |           |         |

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## 5. TRANSFER DELIVERY OPTIONS

Please indicate below how you would like your current custodian/trustee to deliver your cash and/or assets to iPlanGroup:

### CASH TRANSFER DELIVERY OPTIONS

*Funds Availability: Funds received via wire and cashier's checks are typically available the same day of receipt. Funds received by regular check are typically available within 5 days from receipt.*

Regular Check                       Wire Transfer (\$35 Incoming Wire Fee)

Cashier's Check


If Check or Cashier's Check - Please select a delivery option below:

Regular Mail                       Overnight Mail                       Other: \_\_\_\_\_

### ASSET TRANSFER DELIVERY OPTIONS

Regular Mail                       Overnight Mail                       Other: \_\_\_\_\_                       Not Applicable

**IMPORTANT: iPlanGroup requires that all original supporting documents related to each asset that are held by your current administrator/ custodian be mailed to iPlanGroup for safekeeping. If originals are not held by the company, we will accept copies.**

Initial Here  Initial here to instruct your current custodian/administrator to mail all original supporting documents, related to your asset(s) transfer, to iPlanGroup.

## 6. PAYMENT OF TRANSFER RELATED FEES

Please indicate below how you would like to pay for any fees associated with this transfer. (if applicable)

Debit fees from my account                       Check enclosed                       Charge New Credit Card<sup>1,2</sup>

Not Applicable, I did not select any options on this form that would incur a fee

1) A Credit Card Processing Fee of 5% will be assessed on each credit card transaction.  
2) An invoice with all payment options will be sent to the email on file for the mentioned account.

## 7. SPECIAL INSTRUCTIONS

Please use this section to list any special instructions for iPlanGroup and/or your current IRA administrator/custodian:

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## 8. TRANSFER AUTHORIZATION & ACCOUNT OWNER SIGNATURE

**To Delivering Firm:** Unless otherwise indicated in the above instructions, please transfer all assets in my account to IRA Plan Partners, LLC DBA iPlanGroup. Furthermore: I understand that you will contact me regarding the disposition of other assets in my securities account that are nontransferable and I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not have a credit balance, or the credit balance in the account is not sufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. I hereby certify that I have established or will establish a Self-Directed IRA with iPlanGroup acting as Agent for Fortis Bank ("Custodian"). Furthermore, I agree to the terms and conditions herein and understand that I am responsible for determining my eligibility for all transfers and I agree to indemnify and hold harmless iPlanGroup and Custodian against any and all claims or damages arising from an ineligible transfer. I understand and acknowledge that neither iPlanGroup nor Custodian offers legal or tax advice and I agree that I have or will consult with my own tax professional for advice.

| Account Owner Authorization and Signature |            |      |
|---|------------|------|
| <input checked="" type="checkbox"/>       | Print Name | Date |

| Responsible Individual Authorization and Signature (For a CESA or Minor Account) |            |      |
|--|------------|------|
| <input checked="" type="checkbox"/>  | Print Name | Date |

**Medallion Signature Guarantee**

### What is a Medallion Signature Guarantee?

Medallion Signature Guarantees are used in the investment industry to protect account owners from unauthorized transactions. An officer of a financial institution reviews the documents pertaining to your request, witnesses your signature, and guarantees that your signature is genuine by stamping the form and signing his or her name and title. The Medallion Signature Guarantee has security features to deter counterfeiting. For this reason, only originals will be accepted.

Notes:

- Please contact your current custodian to see if required.
- A notary's seal cannot serve as an alternative to a Medallion Signature Guarantee.

## 9. ACCEPTANCE (iPlanGroup Use Only)

**To the prior custodian:** Please be advised that Fortis Bank will accept the above account as successor custodian and as custodian, agrees to accept the assets of the account being transferred. Furthermore, IRA Plan Partners, LLC DBA iPlanGroup is executing this Account Transfer Form and accepting the assets as the agent and nominee of Fortis Bank pursuant to a written delegation of authority.

| Authorized iPlanGroup Signature     |            |      |
|-------------------------------------|------------|------|
| <input checked="" type="checkbox"/> | Print Name | Date |

# TRANSFER DELIVERY INSTRUCTIONS



## ATTENTION DELIVERING CUSTODIAN/ADMINISTRATOR:

Use the Transfer Delivery Instructions below to deliver the cash and/or assets as requested by the client on the iPlanGroup Account Transfer Form.

### WIRE/ACH DEPOSIT INSTRUCTIONS

**Wire/Deposit to:**

Key Bank  
ABA # 041001039

**For Credit To:**

IRA Plan Partners LLC - Client Funds  
Account #359681389193

**Reference:**

{Account Owner Name}  
{Account Type}  
{Account Number}

**Wire Funds Availability Timeframe:**

Funds received via wire are typically available the same day of receipt of funds.

### REGULAR CHECK/CASHIER'S CHECK INSTRUCTIONS

**Make Checks Payable to:**

iPlanGroup FBO {Account Owner Name}, {Account Type}

**Mailing/Overnight Delivery Instructions:**

iPlanGroup  
Attention: New Accounts  
28011 Clemens Road  
Westlake, Ohio 44145

**Check Funds Availability Timeframe:**

Funds received via Regular Check

### ASSET RE-REGISTRATION INSTRUCTIONS

**Re-Register Assets to:**

iPlanGroup Agent for Custodian FBO {Account Owner Name}, {Account Type}

**Mailing/Overnight Delivery Instructions:**

iPlanGroup  
Attention: New Accounts  
28011 Clemens Road  
Westlake, Ohio 44145

iPlanGroup must receive re-registration paperwork along with copies of all non-original supporting documents. If original supporting documents are held by custodian/administrator in safekeeping, originals must be mailed to iPlanGroup along with the asset re-registration paperwork.

### ADDITIONAL INFORMATION

**Mutual Fund Registration:**

iPlanGroup Agent for Custodian FBO  
{Account Owner Name}, {Account Type}

**Registration of Physical Certificates:**

iPlanGroup Agent for Custodian FBO  
{Account Owner Name}, {Account Type}

**IRA Plan Partners, LLC DBA**

**iPlanGroup Tax ID #: 46-4246162**

28011 Clemens Road, Suite B  
Westlake, Ohio 44145