The Entrust Group
Self-Directed Retirement Plan Services

Rollover/Direct Rollover Certification Form

Entrust Arizona LLC
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Phoenix, AZ 85050
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This form documents the roll over of your asset to Entrust. *Entrust will not initiate the roll over.* Contact your current custodian to roll over your assets to Entrust. For multiple transactions, please use a separate form for each. Use this form to:
- ***Document*** **your rollover contribution to Entrust (take receipt of the assets for up to 60 days before reinvesting in a new retirement plan).**
- ***Document*** **your direct rollover contribution (move assets directly from your qualified retirement plan to a new retirement plan).**

Please return this completed form to your Administrator (the company that performs record-keeping and administration of your plan).

Administrator: Entrust Arizona, LLC

1. Personal Information

Name *(Your name as it appears in your plan)*_____ **Entrust account #:**_____

Social security number: *(Required)* _____ **Phone:**_____

Legal address *(Required)* _____

City, State, Zip _____

2. Your funds are CURRENTLY held at:

Name of Custodian/Trustee _____ **Account number**_____

Office address _____

City, State, Zip _____

Phone number: _____ **Contact name:**_____

3. Indicate type of plan you are rolling over from:

☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE ☐ ESA ☐ HSA ☐ **Other (PS, MP, DB, 403(b), 457)** _____

4. Verify that you are eligible to perform this transaction - select one.

I am an eligible person to perform this transaction: *(Select One)*

☐ Plan participant ☐ Spouse beneficiary of account ☐ Non-spouse beneficiary of account ☐ Ex-Spouse of account due to divorce/legal separation
☐ Responsible individual

5. Roll Over Instructions to Resigning Custodian

To roll over CASH, please follow the instruction below. Contact our office for wire instructions.

Cash: Please make check payable to 17 (*Entrust office #*) Entrust Trust (*Name of Deposit Account*) FBO (my name)

To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.)**, please complete the asset description below and contact us regarding the re-registration of your investment.**

Asset description	Amount

☐ Delivery instructions are attached ☐ Current statement is attached

6. Signature - Please print this form first, then sign and mail the document to your Entrust office.

Please note: Your current plan may require additional documentation. Please read the following statement carefully.

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of the Entrust Arizona, LLC (Type of Account) Account Application. I understand the rules and conditions applicable to a (check one) ☐ Rollover ☐ Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into an self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Entrust or any of its licensees has authority to agree to anything different than my foregoing understandings of Entrust policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of $ _____ as a rollover contribution. ***By signing this form, I certify that I am completing this rollover within:***

A. 60 calendar days following the day I received the assets, I have not performed a rollover from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution

B. If I am a non-spouse beneficiary, this is a direct roll over from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

Your Signature _____ **Date** _____

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