

Looking for an easier, faster way to submit paperwork? Try the **SERVICENOW** option at www.StrataTrust.com/Forms
 ♦ E-sign and transmit directly to STRATA ♦ Safely upload supporting documentation ♦ Securely transfer data with SFTP file protocol

This form is used to initiate a direct cash transfer from a STRATA Trust Company ("STRATA") IRA to another like STRATA IRA.


This transfer request must be made between like STRATA account types (ex: Roth IRA to Roth IRA). When requesting a transfer between different STRATA account types (ex: Traditional to Roth), use the [Roth Conversion Request](#) or [Recharacterization Request](#) form.

Section 1		STRATA IRA Account Information	
Accountholder Name		Daytime Phone Number	
Social Security Number (Last 4 Digits Only)		Email Address	

Section 2		Transferring Account Information	
Transferring Account Number:			
Type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Inherited Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Inherited Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE			

Section 3		Receiving Account Information	
Receiving Account Number:			
Type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Inherited Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Inherited Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE			

Section 4		Cash/Asset to Transfer	
Select One: <input type="checkbox"/> Full transfer, account will close. <input type="checkbox"/> Partial transfer, account will remain open.			
Select One: <input type="checkbox"/> Transfer all cash. <input type="checkbox"/> Transfer exactly \$ _____			

Section 5		Terms and Conditions	
<p>I authorize the IRA transfer or direct rollover in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the named current custodian listed in this form. I understand that I am responsible for determining my eligibility for transfer or direct rollover within the limits set forth by tax laws, related regulations and plan agreements. I represent that I have established an IRA account with STRATA as Custodian.</p> <p>I agree to indemnify and hold harmless both my present custodian and STRATA from any and all costs, obligations, losses, claims, damages and expenses (including reasonable attorney's fees) related or associated with this request. If special handling is requested (wire or overnight delivery), I authorize the deduction of applicable fees from my account. I assume responsibility for any tax consequences or penalties that may apply and agree that the named custodian's shall in no way be held responsible.</p>			
 _____ Accountholder Signature		_____ Date	

Form Submission Options			
• Fax: 512.495.9554	• US Mail: PO Box 23149, Waco, TX 76702	• Email: IncomingTransfers@StrataTrust.com	• Overnight: 7901 Woodway Drive, Waco, TX 76712

Client Services 866.928.9394 | IncomingTransfers@StrataTrust.com | Online: www.StrataTrust.com/Service-Request