



Recharacterization Request

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Use this form to recharacterize contributions and earnings. Both IRA account types must be held with STRATA Trust Company "STRATA" to process this request.

If you do not currently have the account type you are requesting your funds to be recharacterized to (Traditional or Roth) please complete STRATA's [IRA Application](#) in addition to your Recharacterization Request form to avoid processing delays. Contact your tax professional with any questions regarding the potential tax consequences of your recharacterization.

Please Note

- **Permanent Conversions:** Beginning in tax year 2018, Roth conversions are permanent per IRS regulations. Partial or full conversions can no longer be recharacterized.
- **Scope:** Recharacterizations can only apply to Roth contributions and not previous conversions per the Tax Cuts and Jobs Act of 2017.
- **Earnings:** If Recharacterizing earnings for a contribution, you will be responsible for calculating and including those amounts. STRATA will not calculate any earnings from invested contributions.

Section 1		Account Information	
Accountholder Name		Daytime Phone	
Social Security Number (Last Four Digits Only)		Email Address	
IRA Account Number Recharacterizing From		Birthdate	
IRA Account Number Recharacterizing To:		Leave the Account Number blank if you are opening a new IRA account. If you do not already have the IRA account type to which you are recharacterizing funds, please complete a new IRA Application to establish the account with STRATA.	

Section 2		Recharacterization Instructions	
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Deadline for Recharacterization: You may recharacterize a contribution by the due date of your tax return, plus any extensions.

Step 1: What contribution type will you be recharacterizing? (Select One)

- Traditional to Roth:** Recharacterize my Traditional IRA contribution as a Roth IRA contribution for tax year: _____
- Roth to Traditional:** Recharacterize my Roth IRA contribution as a Traditional IRA contribution for tax year: _____

Step 2: What type of recharacterization? (Select One)

- Partial Recharacterization
- Complete Recharacterization (If Complete Recharacterization is selected, the account recharacterizing will be closed.)

Step 3: Please specify. (Select One)

- All available cash.
- Cash in the amount of \$ _____ (*Net Amount – See Below)

*Net Amount Calculation: Contribution Amount \$ _____ + Earnings \$ _____ - Administration Fees \$ _____
 = Net Amount \$ _____

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

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Section 3

Processing Fees

Please indicate below how you would like fees to be paid so that there are no processing delays regarding your request. You may refer to STRATA's [IRA Fee Schedule](#) for more information. Service fees are not included in any recharacterization amount reported to the IRS.

- Deduct processing fees from cash in the account. I understand this could result in a lesser amount being remitted if there is not sufficient cash in the account.
- Charge fees to the credit card on file ([Fee Payment Authorization](#) form must have previously been submitted for this to be a valid option).
- One-time charge to a credit card ([Credit Card Charge Authorization \(One-Time Charge\)](#) form required).

Section 4

Terms and Conditions

The undersigned hereby authorizes and directs STRATA to recharacterize funds from my account referenced above in accordance with the instructions completed on this form.

By signing this form, I acknowledge that I have read and understand the document and that STRATA is not responsible for determining any earnings or interest earned on the invested funds.

I hereby agree to hold harmless STRATA, and its affiliates and assigns, from any problem arising out of or in any way connected with this request for recharacterization.

I fully understand the tax consequences of the requested recharacterization, and if necessary, I have consulted a tax or legal professional of my choice, and agree to be fully responsible for any taxes.

I further certify that no tax advice has been given to me by STRATA. All decisions regarding this recharacterization are my own. I expressly assume the responsibility of any adverse consequences which may arise from this recharacterization, and I agree that STRATA shall in no way be held responsible.



Accountholder Signature

Date

Print Name

Form Submission Options

- Fax: 512.495.9554
- Email: Service@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco, TX 76712

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