

# IRA TO IRA ROLLOVER FORM



1. **Client Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Rollover Amount: \_\_\_\_\_

<b>Current IRA</b>	<b>Proposed IRA</b>
2. <b>Custodian:</b> _____	

### 3. Acknowledgements

- Effective January 1, 2015 the IRS only allows ONE IRA to IRA Rollover per calendar year. Direct Trustee to Trustee transfers are NOT impacted by this rule.
- If MORE than one IRA to IRA Rollover PER TAXPAYER takes place in a calendar year, ALL TAX BENEFITS ARE FORFEITED.

### 4. Signatures and Acknowledgements

This Investment was:  Recommended by my representative  Not recommended by my representative

Owner's Signature	Date	Print Name
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I have appropriately acted on behalf of my client by reviewing all possible situations with regards to the above transaction. I believe the information provided is complete and accurate to the best of my knowledge and that this transaction is suitable for the client.

Representative's Signature	Date	Print Name
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By signing below the Principal acknowledges that he/she has reviewed the investment for suitability.

Principal's Signature	Date
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