



TRADITIONAL IRA TRANSFER REQUEST

Please review all information below and complete as applicable. If you have any questions regarding the information on this form, please contact our Banking Representatives toll-free at 1-866-226-5638.

Present IRA Trustee/Custodian

Acceptance

Name _____ Address _____ City/State/Zip _____	By the authorized signature below, the successor (receiving) IRA Trustee/Custodian agrees to accept the transferred assets and to deposit them into an IRS-approved IRA.
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IRA Owner Information

Name _____	Social Security Number _____	Date of Birth _____
Address _____	Home Phone Number _____	Daytime Phone Number _____
City/State/Zip _____	Account Number _____	

Transfer Authorization to Present IRA Trustee/Custodian

Please transfer the following Traditional SEP Simple IRA assets: (Cash Proceeds Only)

The entire balance of Account # _____

Only the balance in these account(s): # _____ # _____ # _____

Only this specific dollar amount: \$ _____ From Account #: _____

Other (specify) _____

Please transfer the assets Immediately* At maturity date of _____ Other: _____

* I understand that penalties for early withdrawal may apply.

Make Check Payable To: **Synchrony Bank** _____, Custodian
 Name of Receiving IRA Trustee/Custodian _____

For the IRA of: _____
 Name of IRA Owner _____

Transfer Method:
 Mail check to: **Synchrony Bank – Retirement Services**
 Name of Receiving IRA Trustee/Custodian _____
PO Box 105972
 Address _____
Atlanta, GA 30348-5972
 City/State/Zip _____

Wire funds to: **021213591**
 Routing Number of Receiving IRA Trustee/Custodian _____

Transferee Account Number: _____
 Please include this account number with remittance.

NOTE: Please return one copy of this form to the receiving IRA Trustee/Custodian.

Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by the Trustee/Custodian. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

X _____
 Signature of Owner Date Signature of Trustee/Custodian Date

Transfers may require a Signature Guarantee – Please contact the current Custodian to see if one is needed.