# Mainstar Trust

## TRANSFER & DIRECT ROLLOVER REQUEST

214 W. 9<sup>th</sup> Street Onaga, KS 66521-0420 P) 800.521.9897 F) 913.901.4190 customerservice@mainstartrust.com

Please Print or Type

#### 1. Mainstar Account Information

Account Name:						
Account Number:		Social Security Number:				
2. Current Custodian/Trustee Information						
Custodian Name:		Account Number:				
Custodian Address:						
Custodian Phone:		Custodian Fax:				
3. Transfer – Rollover Options						
	TRANSFER	_	LOVER			
Custodian/Trustee to C	ustodian/Trustee (Non Reportable IRS Event)	Administrator to Custodia	an (Reportable IRS Event)			
🗌 Full	or Partial	🗌 Full or 🗌	Partial			
		□ 401(k)	Profit Sharing Plan			
Roth	IRA SIMPLE IRA	🗌 403(b)	Other			
Non-C	Nuclified	Your employer may require additio	nal forms to process your request			
	zuaimed					
Are any of these funds/assets from an Inherited Account?						
4. Type of Tra	insfer					
****To ensure timely pro	cessing, please ensure that the liquidation proc	ess is complete and cash is available	prior to submitting this request.****			
Fu	Full Transfer/Rollover Partial Transfer/Rollover		sfer/Rollover			
Transfer all cash and assets to Mainstar Trust and close your current account.		Cash				
All Available Cash		<u></u>				
All Cash & Assets (list assets in Section 5 below)		All Available Cash				
		Partial Cash in the arr	10unt of \$			
		Assets				

## Transfer asset(s) listed in Section 5 below.

#### 5. Assets to be Transferred

If transferring assets in-kind a copy of current account statement is required. I authorize Mainstar Trust to re-register the below assets:				
Asset Name	Symbol or CUSIP	Quantity		

### 6. Delivery Options to Current Custodian

Mainstar Trust will submit this request by regular US Postal Service. If you prefer an expedited service, please indicate the service, the billing number and billing address below.					
<ul> <li>Regular US Postal Service (default)</li> <li>Overnight Delivery (charge fee to Mainstar account)</li> <li>Use my overnight account (fee charged to billing number below)</li> </ul>		<ul> <li>Fax (only if current custodian will accept by fax)</li> <li>Accountholder Initiated (Accountholder submitted to current Custodian.)</li> </ul>			
Company:	Billing Number:	Overn	ight Service:		
Address:					
	y Options from Current Custodian to Ma	ainstar			
*Mainstar will atta	ch delivery instructions				
Default payment e	election for cash should be sent by check to Ma	instar. If wire is prefe	erred, please elect below.		
☐ Wire funds to I requested.	Wire funds to Mainstar Trust. I understand a fee may be charged by my current Custodian and may reduce the balance requested.				
8. Accoun	tholder Signature				
Account Name:		Date:			
Accountholder/Trustee Signature					
If applicable: The following section must be completed in full if a financial advisor is on a mutual fund being transferred.					
Advisor Name:		Advisor ID Number:			
		Advisor Phone:			
Advisor Address:		Branch Number:			
		Broker Dealer Name:			

For Official Use Only								
Mainstar Trust Acceptance								
Mainstar Trust has estat	olished the account ty	pe of:						
Traditional IRA	SEP IRA	Roth IRA	Inherited IRA	Inherited Roth IRA				
SIMPLE IRA	Other:							
y: Mainstar Trust Authori:	zed Signature	Date						