

Transfer/Direct Rollover Request

Forward To: 214 West 9th Street
 PO Box 420
 Onaga, KS 66521
 Phone: 800.521.9897
 Fax: 785.889.7169

Email: customerservice@mainstartrust.com

Please Print or Type

TRANSFER FROM Custodian to Custodian - Non Reportable IRS Event	ROLLOVER FROM Administrator to Custodian - Reportable IRS Event
<input type="checkbox"/> Full or <input type="checkbox"/> Partial	<input type="checkbox"/> Full or <input type="checkbox"/> Partial
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Simple IRA	<input type="checkbox"/> 401k* <input type="checkbox"/> Profit Sharing Plan* <input type="checkbox"/> 403b* <input type="checkbox"/> Other* _____
*Your employer may require additional forms to process your request.	

Are any of these funds/assets from an Inherited Account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Trustee/Custodian (name and address)	Account Name	
_____	_____	
_____	Account Number _____	
_____	Custodian Phone Number _____	
	Social Security Number _____	
Mainstar Trust sends Transfer and Rollover Requests by regular US Postal Service. If you prefer an expedited service, please indicate the service, the billing number and billing address below.		
Provider	Type of Service	Billing Number
_____	_____	_____
Billing Address of Responsible Party _____		
If Current Custodian will accept by fax - Fax Number of Current Custodian _____		
If Current Custodian will process funds by wire - Wire funds to Mainstar Trust <input type="checkbox"/> Yes <input type="checkbox"/> No		

If transferring assets in kind, a copy of recent account statement is required.

Transfer/Rollover is to be accomplished as follows:

- 1. Liquidate all assets and transfer the proceeds.
 - Immediately (I am aware of and acknowledge the early withdrawal penalty for certain assets.)
 - At Maturity. Maturity Date(s) _____
- 2. Available cash as marked.
 - All or _____ Dollars
- 3. Transfer assets as indicated below and available cash - **current statement is required when transferring assets.**
- 4. Specific Instructions _____

# of Units, Specific Dollar Amount, or "All"	Asset Description	Liquidate	Reissue	Dividend Option	
				Reinvest*	Cash
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Default

_____ Date **Accountholder Signature - Required** _____ Signature Guaranteed If Required By Current Custodian

Account Name _____	Social Security Number _____
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If applicable: This section **must** be filled out completely if assigning a financial adviser to assets being transferred.

Advisor (name and address) _____ _____ _____	Advisor ID Number _____ Branch Number _____ Broker-Dealer Name _____ Phone Number _____
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<i>For Official Use Only</i>	
Mainstar Trust Acceptance	
Mainstar Trust has established a <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Inherited Roth IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Other _____	
as indicated for this client and agrees to accept the assets of said plan. Assets indicated above should be registered and delivered to:	
See Attached Delivery Instructions Mainstar Trust, Custodian FBO: _____	
214 West 9th Street PO Box 420 Onaga, KS 66521-0420	Account # _____ Tax ID No. 05-0527466
By _____ Mainstar Trust Authorized Signature	_____ Date