

**Transfer/Direct Rollover Request**

Forward To: 214 West 9th Street  
 PO Box 420  
 Onaga, KS 66521  
 P) 800.521.9897  
 F) 913.901.4190

customerservice@mainstartrust.com

Please Print or Type

<b>TRANSFER FROM</b>	<b>ROLLOVER FROM</b>
<b>Custodian to Custodian - Non Reportable IRS Event</b>	<b>Administrator to Custodian - Reportable IRS Event</b>
<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.	

<b>Are any of these funds/assets from an Inherited Account?</b>		<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

<b>Accountholder Signature - Required</b>	Date	Signature Guaranteed If Required By Current Custodian
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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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***For Official Use Only***

**Mainstar Trust Acceptance**

Mainstar Trust has established a

Traditional IRA     SEP IRA     Roth IRA     Inherited IRA     Inherited Roth IRA

SIMPLE IRA     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