

GENERAL INSTRUCTIONS

If your investment firm and delivering firm are ACATS eligible, you must submit the transfer on an ACATS form. This form should only be completed in situations where the account or an asset(s) is not eligible to be transferred via ACATS. Please check with your investment firm's operations department for procedures on transferring the account via ACATS. A copy of the most recent account statement must be attached from your current trustee/custodian. Your request cannot be processed without this information.

1 ACCOUNT INFORMATION

Applicant Information

ACCOUNT HOLDER NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	

Receiving Investment Firm Information (To be completed by Investment Representative)

FIRM NAME		FIRM ACCOUNT NUMBER
REPRESENTATIVE NAME	REPRESENTATIVE PHONE NUMBER	REPRESENTATIVE EMAIL

Plan Type

<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> HSA	<input type="checkbox"/> Coverdell ESA
<input type="checkbox"/> Individual 401(k)	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Money Purchase Pension	<input type="checkbox"/> SIMPLE IRA		

Type of Transfer

☐ Total ☐ Partial

2 RESIGNING TRUSTEE/CUSTODIAN and ACCOUNT INFORMATION

TRUSTEE/CUSTODIAN NAME	ACCOUNT NUMBER	TAX ID NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	

Plan Type

<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Inherited Employer Plans	<input type="checkbox"/> HSA	<input type="checkbox"/> Coverdell ESA
<input type="checkbox"/> MSA	<input type="checkbox"/> Money Purchase Pension	<input type="checkbox"/> Individual 401(k)	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> SIMPLE IRA		
<input type="checkbox"/> Defined Benefit	<input type="checkbox"/> 401(k)	<input type="checkbox"/> 403(b)(7)	<input type="checkbox"/> 457			

3 NOTICE TO PARTICIPANT

All assets to be transferred must be listed below along with the account number(s) with dollar and/or share values. The investment statement(s) must also be attached to this form. If any of this information is not provided this transfer request will be returned to you. You must indicate whether the asset is to be liquidated or reregistered. It is your responsibility to verify the assets are transferred or can be liquidated.

The IRS rules require that when you reach age 70 ½, you must begin taking a payment from your retirement account(s) each year. If you do not receive your minimum payment before the deadline, the IRS may penalize you up to 50 percent of the amount of your required distribution. The amount of your minimum payment is recalculated each year based on your estimated life expectancy and account balance. If you have not taken your minimum distribution prior to this transfer you can visit our website at www.EquityInstitutional.com and use our RMD Calculator to determine your required payment, or we can assist you in calculating your required payment.

4 ASSETS

Cash/Money Market		Account Number		Amount or %

Mutual Funds				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	

Limited Partnerships				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	

Stocks/Bonds				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	

Other Investments - (Check our website for compatible investments)				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	

5 SIGNATURES

Please transfer the assets in my account, as identified above pursuant to the time frames established by NYSE rule 412 or similar rule of the FINRA. I authorize you to liquidate any nontransferable proprietary money market investment and transfer the proceeds to my new trustee/custodian. I authorize you to deduct any fees due to effect this transfer. If my account does not have enough cash to cover any and all fees, I authorize you to liquidate the assets in my account to the extent necessary to satisfy all fees.

ACCOUNT OWNER SIGNATURE	DATE
If this account is transferring into a Qualified Plan (Money Purchase Pension, Profit Sharing Plan, or Individual 401 (k) the plan sponsor must certify the transfer/rollover is acceptable according to the plan and trust documents. By signing below, the plan sponsor is certifying that this is true and accurate.	
PLAN SPONSOR SIGNATURE	DATE

Send completed form to:
 Equity Trust Company
 Attn: DTS
 P. O. Box 45274
 Westlake, OH 44145

This Section To Be Completed By Equity Trust Company

Equity Trust Company hereby accepts the appointment as successor trustee on the above mentioned account and assets outlined on this form. Send checks to the address provided above; for overnight courier send to: Equity Trust Company, Attn: DTS, 1 Equity Way, Westlake, OH 44145

AUTHORIZED SIGNATURE - EQUITY TRUST COMPANY	TAX ID 05-0552743	DATE OF TRUST	DATE SIGNED
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