

1 CURRENT ACCOUNT TYPE (Select only one per form)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> IRA | <input type="checkbox"/> Limited Partnership IRA | <input type="checkbox"/> HSA |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> SIMPLE | <input type="checkbox"/> SEP |
| <input type="checkbox"/> Rollover IRA | <input type="checkbox"/> Coverdell ESA | <input type="checkbox"/> 403(b)(7) |
| <input type="checkbox"/> If there is an after-tax account, check this box and complete another form for the after-tax portion. | | |

2 CUSTOMER ACCOUNT INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER	BROKERAGE FIRM NAME	BROKERAGE FIRM ACCOUNT NUMBER	
<input type="checkbox"/> Total Transfer - <input type="checkbox"/> Liquidate my entire account OR <input type="checkbox"/> Reregister my entire account OR <input type="checkbox"/> Partial Transfer - Assets to be transferred must be listed below.			

3 NEW ACCOUNT INFORMATION

NAME OF TRUSTEE	ACCOUNT NUMBER	TYPE OF ACCOUNT	
STREET ADDRESS*	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (please include area code)	TAX ID NUMBER		

4 NOTICE TO ACCOUNT HOLDER

All **outside** assets to be transferred must be listed below along with the account number and dollar or share amount. You must indicate whether the asset is to be liquidated or reregistered. **It is your responsibility to verify that the assets are transferable and/or can be liquidated.** If the investment is not held in the brokerage firm account, you must attach an investment statement or this form cannot be processed.

Investment Name	Held in Brokerage Account	Units/Shares	Dollar Amount	Select One Per Investment
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister

I understand that all outstanding fees must be paid before the assets are transferred. I further understand that the investment firm will deduct the fees from my account and remit them to Equity Trust Company and that if there is insufficient cash to pay the fees, I must authorize assets to be liquidated or send a check to Equity Trust Company for the amount due.

CUSTOMER SIGNATURE	DATE
I certify the above information is true and correct. I authorize Equity Trust Company to approve a transfer of the current account balance, plus future benefits, that may be credited to the participant's account, according to the terms of our plan.	
PLAN SPONSOR (PRINT NAME)	TITLE
PLAN SPONSOR SIGNATURE	DATE

Notice to Investment Representative: If the receiving and delivering firms are ACATS eligible, you must submit the transfer on an ACATS form. Please check with your operations department for procedures.