

VIP Services: (888) 855-9856 | info@trustprovident.com
 8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1

Recipient Information

First Name MI Last Name

Email Last Four Digits of Social Security Number

Accepting Account Number Account Type Traditional IRA SEP IRA SIMPLE IRA Inherited Traditional IRA
 Inherited Roth IRA Solo(k) Qualified Retirement Plan

If you have not already opened the accepting account with us, you must also complete and submit an Application to us with this form for processing.

Section 2

Relationship of Recipient to Plan Participant

Relationship Type (Select One)

- I am the plan participant.
- I am the former spouse of the plan participant
- I am the spouse beneficiary of the deceased plan participant, directly rolling over assets to my own IRA or plan.
- I am a spouse, nonspouse, or qualified trust beneficiary of the deceased plan participant directly rolling over assets to an inherited IRA.
- I am the IRA owner

Section 3

Current Account Information

If you are requesting a direct rollover from an employer-sponsored retirement plan, complete the Plan Information below. If you are requesting a direct rollover from an IRA, complete the Current IRA information below.

Plan Information

Participant's First Name MI Participant's Last Name Last Four Digits of Social Security Number

Name of Employer Phone

Address City State Zip

Mailing Address *(If sending request to address other than Employer)* City State Zip

Plan Name

Current IRA Information

Current Owner's First Name MI Current Owner's Last Name Last Four Digits of Social Security Number

Account Number Account Type Traditional IRA SEP IRA SIMPLE IRA

Current IRA Trustee/Custodian's Name

Current IRA Trustee/Custodian's Address City State Zip

Section 4

Processing Options for Accepting Custodian

1. Your direct rollover request will be processed and submitted to the plan administrator or IRA trustee or custodian within three business days unless you request expedited service by selecting an option below. See current Fee Schedule for applicable fees.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.

Next-Day Service

Processed by 4 p.m. PST next business day.

Same-Day Service

Processed within the same day.

I elect to pay the fees related to this transaction with the credit card I have on file. (If you do NOT have a credit card on file, please add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)

2. Indicate below how this direct rollover request should be submitted to the plan administrator.

Option A: Submit via Fax to



Verify that the plan administrator accepts faxed requests prior to selecting this option.

Option B: Submit via Mail (Select one of the following mail processing options) See the current Fee Schedule for fees applicable to expedited processing.

Regular Mail (7-10 business days)

Priority Mail (2-3 business days)

Overnight Mail Cannot be sent to a P.O. Box

Section 5

Direct Rollover Amount

Select One

Option A: Directly Roll Over the Entire Account Balance

Option B: Directly Roll Over a Portion of the Account Balance Identified Below

Cash to Roll Over

Dollar Amount to Roll Over

Assets to Roll Over

	Asset Description <i>(i.e. Cash Balance, Property Address, Policy ID, etc.)</i>	Dollar Amount to be Rolled Over	Units to be Rolled Over <i>(if applicable)</i>
Asset 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6

Delivery Options for Plan Administrator

Send the requested direct rollover as indicated below. (Select one)

Check via Regular Mail

Provident Trust Group, LLC
P.O. Box 847470
Los Angeles, CA 90084-7470

Make check payable to:
Provident Trust Group, LLC
FBO: Client Name and Acct Type

Check via Overnight Mail

Lockbox Services 847470
ATTN: Provident Trust Group, LLC
3440 Flair Drive
El Monte, CA 91731

Make check payable to:
Provident Trust Group, LLC
FBO: Client Name and Acct Type

Wire Transfer

Wells Fargo Bank, N.A.
420 Montgomery St.
San Francisco, CA 94104

ABA Number 121000248

Account Number 4077370088

Please reference "Provident Trust Group" in the Bank Account Name and the Account Owner's Name and Account Number in the OBI section

Section 7

Withholding Information (Form W-4P/OMB No. 1545-0074)

Complete this section **ONLY** if you are rolling over a retirement plan (other than designated Roth account assets) to a Roth IRA, and you wish to have Federal and/or state taxes withheld on the rollover amount.

Federal Withholding

Withhold Federal Income Tax of % from the amount withdrawn. (Must be 10% or greater.)

State Withholding (If applicable, select one) The following states do not allow withholding: AK, FL, NV, SD, TX, WA, and WY.

Name of Withholding State

Withhold State Income Tax of % from the amount withdrawn.

Withhold State Income Tax of \$ from the amount withdrawn.

Section 8

IRA Account Owner Agreement and Authorization

1. I hereby agree to the terms and conditions set forth in this Direct Rollover Request and acknowledge having established an account with the accepting custodian.
 2. I understand the rules and conditions applicable to a direct rollover. I understand that it is my responsibility to contact my current financial institution to determine whether a medallion signature guarantee is required. If a medallion signature guarantee is required, it is my responsibility to take this form to my bank or credit union for a medallion signature guarantee. (Failure to obtain a medallion signature guarantee could result in delays and/or rejection of this request by your current financial institution.)
 3. I qualify for the direct rollover of assets listed on this form and authorize such transactions.
 4. I understand that the accepting custodian does not have the authority to agree to anything different than my foregoing understandings of its policy.
- I authorize the accepting custodian to Medallion Stamp this Form (Signature and address must match your photo I.D. on file.) See current Fee Schedule for applicable fees.

Medallion Signature Guarantee



Contact your current custodian to inquire if a Medallion is required.

A Medallion Signature Guarantee program is approved by the Securities Transfer Association that enables participating financial institutions to guarantee signatures. The Medallion programs ensure that the individual signing the certificate or stock power is in fact the registered owner as it appears on the stock certificate or stock power. A signature guarantee can be obtained from your bank. If your current custodian does not require a signature guarantee, please sign below and return this form to the receiving custodian.

Section 9

Authorization for Release of Information and Signatures

I, the undersigned, do hereby authorize the accepting custodian and its agents to request information regarding my account and the status of this direct rollover from the plan administrator. This authorization shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the direct rollover of the assets listed above.

I authorize the direct rollover of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this direct rollover qualifies under the rules that apply to such transactions and agree to comply with those rules, and I hereby irrevocably designate this contribution as a rollover contribution into the accepting account. I assume responsibility for any consequences that may result from this transaction and I agree that the custodian is not responsible for any consequences that may arise from executing this direct rollover request.

Account Owner Signature

Account Owner Name *(Please type or print)*

Date *(mm/dd/yyyy)*

Accepting Officer Signature

Accepting Custodian Name *(Please type or print)*

Date *(mm/dd/yyyy)*



Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Email to: transfers@trustprovident.com

Fax to: (702) 253-7565

Withholding Notice Information *(Form W-4P/OMB No. 1545-0074)*

Basic Information About Withholding From Pensions and Annuities. Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit sharing, stock bonus, annuity, and certain deferred compensation plans; from IRAs; and from commercial annuities.

Caution: There may be penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505, *Tax Withholding and Estimated Tax*. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using form W-4P.

Purpose of Form W-4P. Unless you elect otherwise, 10 percent federal income tax will be withheld from payments from individual retirement accounts (IRAs). You can use Form W-4P (or a substitute form, such as this form), provided by the custodian, to instruct your custodian to withhold no tax from your IRA payments or to withhold more than 10 percent. This substitute form should be used only for distributions from IRAs that are payable upon demand.

Nonperiodic Payments. Payments made from IRAs that are payable upon demand are treated as nonperiodic payments for federal income tax purposes. Generally, nonperiodic payments must have at least 10 percent income tax withheld. Your election will remain in effect for any subsequent distribution unless you change or revoke it.

Payments Delivered Outside of the U.S. A U.S. citizen or resident alien may not waive withholding on any distribution delivered outside of the U.S. or its possessions. Distributions by a nonresident alien generally are subject to a tax withholding rate of 30 percent. A reduced withholding rate may apply if there is a tax treaty between the nonresident alien's country of residence and the United States and if the nonresident alien submits Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfies the documentation requirements as provided under federal regulations. The Form W-8BEN must contain the foreign person's taxpayer identification number.

For more information, Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Publication 519, *U.S. Tax Guide for Aliens*, are available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

Revoking the Exemption From Withholding. If you want to revoke your previously filed exemption from withholding, file another Form W-4P with the custodian and check the appropriate box on that form.

Statement of Income Tax Withheld From Your IRA. By January 31 of next year, your custodian will provide a statement to you and to the IRS showing the total amount of your IRA distributions and the total federal income tax withheld during the year. Copies of Form W-4P will not be sent to the IRS by the custodian.

You must supply all requested information for the distribution so the custodian can properly report the distribution on IRS Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*

State Withholding. Depending on your state of residency, the custodian may be required to withhold state income tax at a rate specified by your state, unless you waive it.